/	ifter death. Page		the funeral director,	should be filed with	1	-
	TO HOSPITA & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 K. after death. Page	may be retailed by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 307 the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 s	the registrar priar to burial, cremation, ar remayal, and in any event within 72 hour ofter death.	

		34-1-1		CER	RTIFICA	ATE OF [DEATH	1		Reg. Dis	()94) st. No.	95
o. COUN	ITV	rince Geor	rge's	M	ARYLAND	2. USUAL RESI	yland	nere deceose	ed lived. If instituti b. COUNTY		Georg	
RURAI	L ond give ned	outside corporate limi arest town) ille, Md	ts, write	c. LENGTH OF S	TAY IN 1b	1 10 10	,	ille,	orate limits, write R	RURAL ond g	give nearest to	own)
d. NAMI	E OF HOSPITA	AL (If not in hospitol, g			N. K	d. STREET A		ngfel	low Stre	et	10	RESIDENCE N A FARM?
3. NAME C DECEASE (Type or		Fir Irer		Edith	iddle Al	las K ers	it	4. DATE OF DEATH	Mor		Doy	Year 19 6
5. SEX - fe	male	6. COLOR OR RACE white	7. MARRIE		ARRIED	8. DATE OF BIRT August		1904	9. AGE (In years lost birthdoy) yrs.	IF UNDER		NDER 24 HR
0a. USUAL during	OCCUPATIO most of worki	N (Give kind of work on the life, even if retired Housewife)	IND OF BUSINE				or foreign on D.			ZEN OF WHA	T COUNTRY
13. FATHER'	S NAME	Fred Day	1	EEEDT.		14. MOTHER'S	MAIDEN		30 - 13			
15. WAS DE (Yes, no, or un	CEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	CES? 16. So	OCIAL SECURITY		nformant hn H Ak	ers	Hyat	tsville,			
Cond gove couse		mediate (Parcon	ue a	Cycl	Mora Vici	fort	beitele	esp	ONSET AN	BETWEEN ND DEATH
CERTIFICATION OF COLUMN (IE EITH		ER SIGNIFICANT CON								VEN IN PART	PER	AS AUTOPS RFORMED?
	CIDENT WAS NTRIBUTING IER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJUR	RY OCCURRE	D. (Enter noture o	of injury in	Port I or Po	rt II of item 18.)			
	NE OF INJURY	Month, Doy, Yes	While	URY OCCURRED Not while	fo	ACE OF INJURY (ctory, street, office			y or town)	(C	County)	(Stot
	p. m.	19	of work	ot work								1
21. I alive ACTUA SIGNAT	certify the	at I attended the	decease	d fram JG	کور دو			M, from ADDRESS (S	the causes and street, city or town,	ad an the stote)	date state	ed abay
21. I alive ACTUA SIGNAT PHYSIC NAME 220. BURIAL	certify the an Certify the Ture (Type)	ARON 1 22b. DATE THEREO	deceased, 19 C	d fram JG	hat death	M.D		M, from ADDRESS (S	the causes and street, city or town,	or county)	date state	

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burs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Jaro Items 5,9,16 I	ilimG269 8-15-60 et	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY	efore admission)
Prince George MARYLAND	Maryland Prince George	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street oddress)	Woodlawn	T
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Prince George General Hospital	1720 68th Ave.	YES NO
NAME OF First Middle DECEASED (Type or print)	Sr OF DEATH	Day Year 2 1960
William Henry	ALDETIGNE AUG	AR IF UNDER 24 HR
SEX Male White 7. MARRIED NEVER MARRIED	lost birthday) Months Doy	
WIDOWED DIVORCED	July 19,1837 8785 yrs.	
la. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)		OF WHAT COUNTRY
Retired Railway Clerk	North Carolina U	Js A
Henry A Albright	Nargaret Ferrell	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	
	nna Belle Albright Woodlawn Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	7 27 200	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MOREOLOGY IMMEDIATE CAUSE (a)	d brown les	I I
DUE TO OUT A DUE TO	6, 20	
	# 192	150
Canditions, if ony, which gave rise to immediate (b)	y was wases	and or
cause (o), stoting the under-		//
lying cause lost. (c)		V
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED?
The Accident to the Control of the Description of the Control of t	ED. (Enter nature of injury in Part I or Port II of item 18.)	100 110
OR CONTRIBUTING COLORE Contributing Colore Contributing Colore Contributing Colore	. Letter indicate at inflaty in real vol. 18th it at 1888 1897	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while for work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (Caun	ty) (State
Hour o.m. While Not while	actory, street, office bldg., etc.)	
p. m. 19 ot work ot work		
21. I certify that (1) (this hospital) extended the deceased from.	2-17-40, 19 to X 7 1960.	that (I) (we) las
saw the deceased alive on 1960, and that	death accurred all M, from the causes and an the do	ate stated above
220. SIGNATURE (2)	A CONTRACT OF CONT	22b, DATE
John Clun	M.D. PHYS. DIRECTOR PHYS.	SIGNE
MAKE (Type)	22/ ADDRESS # - O Do O	
John J. C. VIA	Manney May	
23d. Burial, Cremation, 23b. Date thereof Removal (Specify) Cremation Aug 4. 1960 23c. Name of Cemetery of Ft Lincoln		(State)
		THE
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F Gasob's Sons Hypothesis 3	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA Cirting & H	
F. Gasch's Sons Hyattsville, Md.	DATE	

Hiller 8110 St.Debyu.13 IN HERE SEED LINK It or Plant Januarie allies some . bile . water Event around it in other A. T. 4 g &

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ose	100		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematic
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9443 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince Georges b. COUNTY Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tokoma Park 40 Yrs. Tokoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 428 Ethan Allen Avenue 428 Ethan Allen Avenue YES NO IN NAME OF Middle 4. DATE Day Year DECEASED DEATH James Elwood Ashford 30. (Type or print) August 60 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 59 Male White Months Days Hours WIDOWED T Nov. 26. 1900 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Electrician Construction Washington D. C. U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Franklin Ashford Georganna Grimes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Charles R. Ashford Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stolling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Slote) factory, street, office bldg., etc.) Not while o. m. of work of work D. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry R, and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DERUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burial (Stote) /2/60 Arlington National Arlington, Va. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hvattsville, Md arthur S. Kraus

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) flay is necessificated director. Page a. COUNTY a. STATE b. COUNTY of Health, Prince George's MARYLAND CITY OR WATY and d Prince George s b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) College Park 9722 Wichita Avenue George's Hospital NAMEOF DECEASED the (Typa or print) DEATH George Curtis
6. COLOR ON RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 19 60 Atkins with 5. SEX 8. DATE OF BIRTH 2 wif age 5 may 1 and 2 wit 72 hours a last birthday)
41 yrs. and Months Male White WIDO WED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) PM3. Page dona during most of working life, avan if retired In pencil In Item 18. Give Pages 1, Machinist Electronics pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Curtis W. Atkins Idi V. Webster File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address any ev (Yes, no, or unkown) (Ifyesgiya warordalasofservice) Mrs Naomi Atkins. Same as Office along with burial-transit perm certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Hemorrhage and shock IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which Rupture of the liver "pending" gave rise to immadiata causa 10 Examiner's DUE TO (a), stating the underlying pesn should be used rial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION lease execute the certificate, writing the word Cirrhosis of the liver
AL CAUSE WAS | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crema 20a. FXTFRNAL CAUSE WAS PRIMARY OF CONTRIBUTING Driver of an automobile that ran into 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f., (City or town) factory, street, office bldg., etc.) While Not While 8:20 p.m. 3/60 at work at work Street College Park P.G. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry | death resulted from: Natural causes Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINERS NAME (Type) 228. BURIAL, CREMATION, 226. DATE THEREOF Addrass (Street, city, town, or county) TO DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify Dayton, Dayton Cemetery Virginia. Burial 40 6 .16.1960 SONS ADDRESS473, S. Main S. 1240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR LA NUSE VS. A15ME Harrisonburg, DATE AUG 16'60 arilary S. Krous 5M 7/59 Rartper

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO X

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

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and in my opinion

DATE SIGNED

(County)

Prince decigete Prince Correcte Cheverly 4 hours College Fark Frince George's doners! Hospital 9752 Michits Avenue George Oursis Auline August 14, 7 (o) ediaw efek Moroh 27, 1919 41 Accident of the strains and the strains of the stra Curtis . Octos Tete Webeter Teo WE II C 224-07-8617 TO'S Meant Atting, Same as # 2 Honor bas as durant By time of the liver and the second second Time of to the liver The restone of a nor Jest elidemotus se to revire

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. PLACE OF DEATH 2. USUAL RESIDENCE (Where decepted lived. If institution: Residence before admission) a. COUNTY O. STATE County MARYLAND b. CITY, QR TOWN III outside con c. TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ector. d. NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO F NAME OF Middle DATE Day Month Year (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE Iln years DATE OF BIRTH UNDER TYEAR IF UNDER 24 HRS. 2 with th Months Days Hours WIDOWED N DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF, BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most at warking life, even if retired) and after ond 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAM pages Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMAN Address Fie yes, give war or dates of service Give PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse alang shauld DUE TO (o), stoting the underlying cause last 0 pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 90 CERTIFICATION PERFORMED? YES 🗀 NO D 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Exami should ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) forwarded to the Chief Medical Structure Page 3 st foctory, street, office bldg., etc.) While the 0 m Not while at work ot work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy \(\pi\), Inspection Inquiry and find that death resulted fram: Natural causes Accident Suicide . Hamicide . Undetermined cause . rtifical DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER DEPU cute th 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Cedar 8-9-60 Suitland Md. Burial **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AUG 9 '60 arthur S. Thousa Lee Funeral Home. Washington D.C. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DIVISION OF STATISTICAL RESEARCE CERTIFIC	E DEPARTMENT OF HEALTH TH AND RECORDS — BALTIMORE 1, MARYLAND CATE OF DEATH
PLACE OF DEATH o. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
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d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prince Georgeas General	d. STREET ADDRESS d. STREET ADDRESS 6. IS RESIDED ON A FA YES N
NAME OF DECEASED First Middle (Type or print)	Last 4. DATE Month Day Yeo OF DEATH And 3 19
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthdoy) Months Doys Hours
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COL
3. FATHER'S NAME Sanbudale	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dotes of service) 578-05-9313	Foir Barbardale 5767 addin
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MULTAS Jakes	bronchogenie Caranoma Interval BETWONSET AND DI
DUE TO Conditions, if ony, which) (b)	
gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (c)	
O CANC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM YES 1
	URRED. (Enter noture of injury in Part I or Port II of item 18.)

MEDICA 20c. TIME OF INJURY Month. Doy, Yeor

p. m.

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

(County) (Stote)

19.60 that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased fram. and that death occurred at saw the deceased alive anclu 8 Moreon the causes and an the date stated abave. 220. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

Hour o. m.

Carlton

19

ATTENDING PHYS. M.D. 22d ADDRESS 940-251x

MED. DIRECTOR STAFF PHYS.

230. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, Iown, or county)

EUNERAL DIRECTOR'S SIGNATURE

ADDRESS

2Sa. REC'D BY REGISTRAR '60

256. REGISTRAR'S SIGNATURE anthon S. Knows

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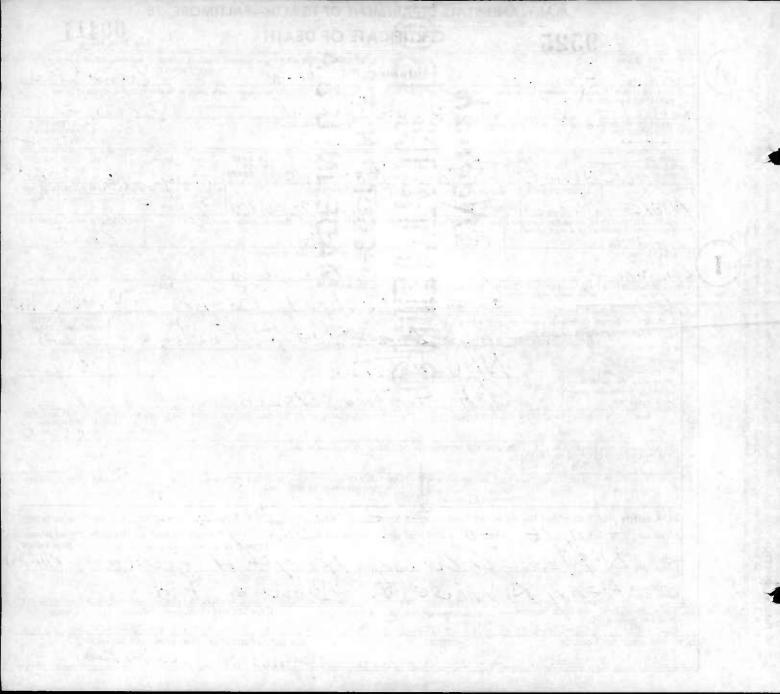
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AT PUBLISHED THE LANGE THE A STATE OF THE STA Levelon Company of Levelon 1911 Levelon Company Company

Items 22,23 FilmG269 () 9411 Reg. Dist. No. CERTIFICATE OF DEATH 9525 directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND TELNOS funeral CITY OR TOWN (If autside carporate/limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town shauld the d. NAME OF HOSPITAL (If nat in haspital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? by YES NO P and NAME OF First 4. DATE Middle Last Day Yeor Month filled OF DEATH (Type ar print) 196 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours plet WIDOWED -DIVORCED | yrs. paper 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) Com 12. CITIZEN OF WHAT COUNTRY? death. during mast af warking life, even if retired) pup corbon 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME physician certificote move KHAUA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. UNFORMANT Address 0 attendin death INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c) a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO à Canditians, if ony, which gned gave rise to immediate **DUE TO** cause (a), stating the underte has been sig burial-transit p and lying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ng 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) certificate attendi MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) Day, Yeor (State) (Caunty) foctory, street, office bldg., etc.) Hour o. m While Not while this 19 ot work of work 21. I certify that I attended the deceased fram 196 Cithat I last saw the deceased detached and that death accurred at 3.40 A.M., from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe SIGNATURE 0 PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE PHEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) 8-19-60 Pleasant Grove Cem. Bowie. Maryland Burial 2 ADDRESS 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Circling S. House Johnson's Mortuary, 34 Lafayette Ave., Annapolioateang 18'60 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

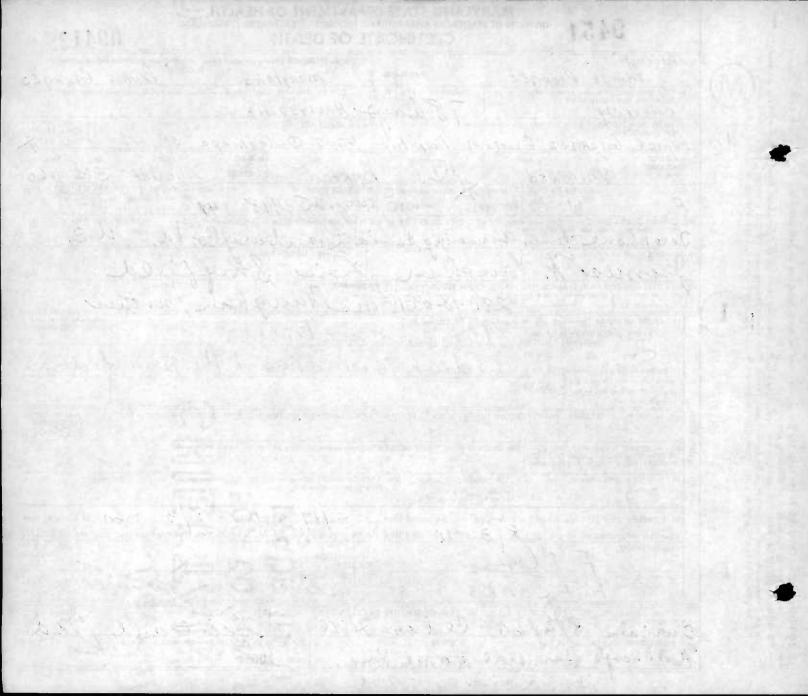


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9451

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	0	COUNTY PRINCE GEORGES MARYLAND	a. STATE MARYLAND b. COUNTY PRINCE GEORGES
71	b	. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		RURAL and give nearest town) Cheverly	HYATTSUILLE
	d	I. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	1	RINCE GEORGES GENERAL HOSPITAL	4205 OGIETHERDE ST. YES NO
		IAME OF First Middle	Last 4. DATE Month Day Year
		ECEASED Type or print) D	RAPTON DEATH AUGUST 3rd 1960
	5. S	THINGKE G.	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	WIDOWED DIVORCED	aug. 25 1918 lost birthdoy) Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
	2	during mast af working life, even if retired)	D. 11 1 11 11 11 11 11 11 11 11 11 11 11
	13. 1	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(Vancent K Van alian	D. O. O. O. O.
	15/8	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SQUAL SECURITY NO. 17.	NFORMANT 5 Address
1		no, or unknown) (If yes, give wor or dates of service)	of Consol in Ar
	-		ors varyhan mour
		18. CAUSE OF DEATH [Enter only one couse per line to; (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
-		IMMEDIATE CAUSE (o) Carcino	maroso
		DUE TO	ircuroma of the assent colom
		Conditions, if any, which gave rise to immediate (b)	recomma of the week cours
	Н	couse (a), stating the under-	
1	_	lying couse last.) (c)	
×	TON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ICAT		YES NO 🗆
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Part II of item 1B.)
	Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		LACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (Stote) actory, street, office bldg., etc.)!
99	ME	Hour a.m. p. m. 19 While Nat while at work OI work	
		21. I certify that (I) (this haspital) attended the deceased fram.	5/17 1960 to 8/3 1960 that (1) (we) last
**		2/- /-	death accurred of 17 M, from the causes and an the date stated above.
		22a. SIGNATURE	22b.DATE
		t. flores	M.D. ATTENDING MED. STAFF SIGNED PHYS.
		22c. PHYSICIAN'S	22d. ADDRESS (5.5.0.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
		NAME (Type) F. FLORES	PRINCE GEONGE'S HOSPITIAL
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or caunty) (Stote)
1	0	REMOVAL (Specify) 8/6/60	This Sinton MA
1	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(1)	7	(alleys Francial Women	DATE AUG 9 '60 Children S. Florida
		m. I O . Waryle 12	4
		Mr. Kamer- M	Q'



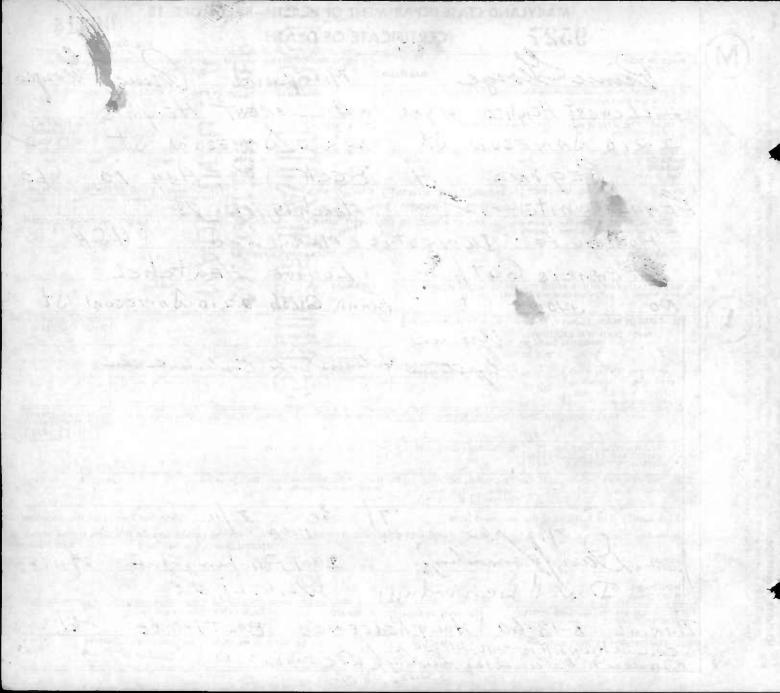
•		1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the printicate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral fector. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your es.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.	
Cut	- P	
-	F	
VC 4164	4E/53	1

5M 9/55

,	ik	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
+	A	9526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
N	1)	1. PLACE OF DEATH o. COUNTY O. STATE O. STATE O. STATE O. STATE O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O. COUNTY O. STATE O
		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS , e. IS RESIDENCE
	Alig	56 Horse shoe Drive 156 Hurse Shae Drive YES NO E
		3. NAME OF DECEASED (Type or print) William Henry Ballon DATE Month Day Year 3 1960
(I	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NOT 24, 1918 9. AGE (in years leat birthday) 4 2 yrs. Wonths Days Hours Min.
1		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
		13. FATHER'S NAME 14. MOTHEP'S MAIDEN NAME 14. MOTHEP'S MAIDEN NAME
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If you give wor or dops of service) 79-07-617 Ams Edith Batton one es #
	34	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	5	MMEDIATE CAUSE (o) Herrormage and Ahock
		(Conditions, if any, which) (b) Sun shot would head
		gove rise to immediate couse (o), stating the underlying couse lost. (c)
	0	(V)
	5	YES NO D
	H	200. EXTERNAL CAUSE WAS PRIMARY D'or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II or Port II of item 18.) Shat sell in head with a 22-Cal.)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Park of the County) (Slote) While of work of the county of the
		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection P, Inquiry P, and find that
	9	death resulted from: Notural causes, Accident, Suicide, Hamicide, Undetermined cause
		ACTUAL SIGNATURE J. CHIEF MEDICAL EXAMINER DATE SIGNED
maval.	457	EXAMINER'S DAME (Type) DEPUTY MEDICAL EXAMINER DELS 3, 1960
ם ים		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BUNDALISPECITY 8-6-60 Ft. Lincoln
	1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
1	1	Lee Funeral Home - Washington D.C. DATE AUG 5 '60 College Kuns

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		9527 CERTIFICATE OF DEATH Reg. Dist.	19414 No.
Page director	M	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before dimission)
eral be fi		b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	re nearest town)
ter de fun nauld	Y	d. NAME OF HOSPITAL (If nog in hospital, give street oddress)	C. IS RESIDENCE
by th		2210 DAMESON ST. 2210 DAMESON ST	ON A FARM? YES NO
124 ha		3. NAME OF DECEASED (Type or print) REGINA Middle RECK 4. DATE OF DEATH AUG P	Day Year
within tely fi		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 lost birthdox) Months D	
uted imple	c i	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
execund country of the country of th	deat	during most of working life, even if retired) Housewife Dowestic Maryl Hud 4	S.A
ian a	after	13. FATHER'S NAME	
tifica shysic mave	haurs	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give wor or delate of service) Address	-
th cer ding p	2	NO NOWE ! KRANK GUTH 2210 NAMESO	on St
deat		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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es the	any	Conditions, if ony, which gove rise to immediate (b) Alegraterness Arterior broke Conditional War	_
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ding date he bur	rem or rem	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
atter atter ertificas	ian, o		unty) (Stote)
tal ar this c	rema	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While of work of two work 19 20d. INJURY OCCURRED While of work 19 20d. INJURY OCCURRED While of work 19 20d. INJURY OCCURRED Foctory, street, office bldg., etc.)	
bing haspi After hed fo	ial, c	21. I certify that I attended the deceased fram. 7 , 1958, to 8 /11 , 1965, that I last	
TTEN the OR:	a bu	alive an, and that death accurred at, from the causes and an the appreciation of the causes and an the appreciation of the causes and an the causes are alive an, and that death accurred at	date stated abave. DATE SIGNED
OR A Seed by IRECITATE	riar 1	SIGNATURE Tarref Lenarluzgi M.D. 2901 Fairlans \$ 5E	8/11/6.
SAL DISHOULD	strar p	PHYSICIAN'S David Lenardygs Wash. Ls, O.C	
HOSP oy be FUNEF	regi	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or county)	(Stote)
TO HO may TO FUN	t d	23_FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO 240. REGISTRAR 24b. REGISTRAR'S SIGN	
VS A15 (4) 1SM 9/SB	1	Francis W. Milly 2101 Hudrick Ave DATE AUG 15'60 arthur 8. 1	Track
		· Bullo. Md.	



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Rendered happen admission) HEALTH DERI 1. PLACE OF DEATH is nec. director. Pay our files. a. COUNTY a STATE b. COUNTY Prince George's MARYLAND Maryland Prince Geo: Prince George's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Cheverly Upper Marlhoro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS neral 2085 retained ne State B Box George's Prince General Hospital NAME OF 4. DATE Month DECEASED the Earl Mathew Belt (Type or print) DEATH August with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR may 2 wit age 5 may 1 and 2 will 72 hours last birthdey) Colored WIDOWED DIVORCED Male IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Laborer Farm Maryland in Item 18. Give Pages pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susie (Belt) Sellmen Samuel Belt Office along with form PI burial-transit permit. File pimoval, and in any event v FIIO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or dates of service) Annette Belt Box 2085 Upper 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (e) pencil Office DUE TO Severance of the Iliac Artery - XXXX right "pending" gave rise to immediate ceuse 10 DUE TO (a), stating the underlying Examiner shot wound of the abdomen cause lest. nsed emation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19: WAS AUTOPSY CERTIFICATION 99 the word Medical pluods 2De. EXTERNAL CAUSE WAS PRIMARY GOOD CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) MEDICAL EXAMINER: Shot during an altercation writing to Chief A 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF JNJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Sunset Upper Marlboro P. G. Md the St 1 at work at work Inn to the 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🛣 Inquiry 📆 xecute the certifical be forwarded to ERAL DIRECTO Suicide Homicide T Undetermined manner death resulted from: Natural causes Accident | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE 8/14/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) pinous Zab. DATE THEREOF Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE Burial 8-16-60 Mt. Carmel Q40 9 OH Upper Marlboro 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATUR ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Myrtle K. Rollins 4339 Hunt Pl., N. E. D. C. DATE MIG 16'60 5M 7/59 arthur S. Kraus

a. IS RESIDENCE

YES X NO

19

Marlboro, M

PERFORMED?

(State)

YES X NO

and in my opinion

DATE SIGNED

(Stata)

(County)

INTERVAL BETWEEN ONSET AND DEATH

U.S.A

IF UNDER 24 HRS.

ON A FARM?

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1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

with	(1)
ld be filed with	(IVI)
pe	
D	

and 2 should be filed with may be respected by the hospital ar attending physician. **D FUNERA:** DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour after death. Page 4 TO FUNERAL TO HOSPITA VR A15 (4) 1SM 9/S9

	Prince	George	5	MARY	LAND	Malylan	nd	Pr	rince out	orge			
	b. CITY OR TOWN (IF RURAL ond give nec	prest town)		c. LENGTH OF STAY 5 Days	IN 1b	1 2 2 4	own (If o		rate limits, write l	RURAL ond	give nec	rest town	9)
	d. NAME OF HOSPIN OR INSTITUTION Prince	(L (If not in hospital, g George Ger		address)		d. STREET AL 6430 (andove	er Road				FARM?
3.	NAME OF DECEASED (Type ar print)	Sadie	st	R Middle		Bickley		4. DATE OF DEATH	Aug.	nth	13	,	Year 160
S.	Female	6. COLOR OR RACE White	7. MARR	RIED TO NEVER MARRIE	_	Mar . 7		7	9. AGE (In years lost birthdoy) yrs.	Months	Doys	Hours	ER 24 HR
100	during mast of warki Housew		done 10b.	own Hom	R INDUST	RY 11. BIRTHPLA	CE (Stote	or fareign c	ountry)	12. CIT		WHAT C	OUNTRY
13.	FATHER'S NAME Franz	Rankin				14. MOTHER'S	nkno						
15. {Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INF	ORMANT			Ado	lress	E	H.	
		no		none	G	orge Bi	ckle	у	Landove	er Md	•		- 71
		TH [Enter anly one ca H WAS CAUSED BY: IMMEDIATE CAUSE (o	(0	ne for (a), (b), and (c).	ce/2	Hear	t di	2-	us.			RVAL BE	
	Conditions, if an gove rise to im couse (o), stating to lying cause last.	mediate (, (iency	I	mey	Hir	ce	9				
CERTIFICATION										9. WAS PERFC YES [PRMED?		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 20d. INJURY OCCURRED Mile Not while at work of work of two o												
	21. I certify that (I) (this haspital) attended the deceased from A. 19 to Aug. 15 , 19 60, that (I) (we) lass saw the deceased alive an 19 , and that death accurred or 19 , months the causes and an the date stated above												
S	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 220. DATE SIGNED 221. DATE SIGNED												
	NAME (Type)	A Dei	tz_			H	atte	ple	lef.				
230	 BURIAL, CREMATION REMOVAL (Specify) 			23c. NAME OF CEME					TION (City, town,	2.2		(Stot	e)
24	Burial FUNERAL DIRECTOR'S	8/18/60		Ft Lincol	n e		25a BECC	Colm BY REGIST	ar Manoi	STRAR'S SI	GNATU	DE .	
24.			. 11		ма			1 9 '60				(E	
	P. (18	sch's Son	8 11	yattsville	PIQ.		- WOU	1 2 00	Clill	wn 8 +	Leave		

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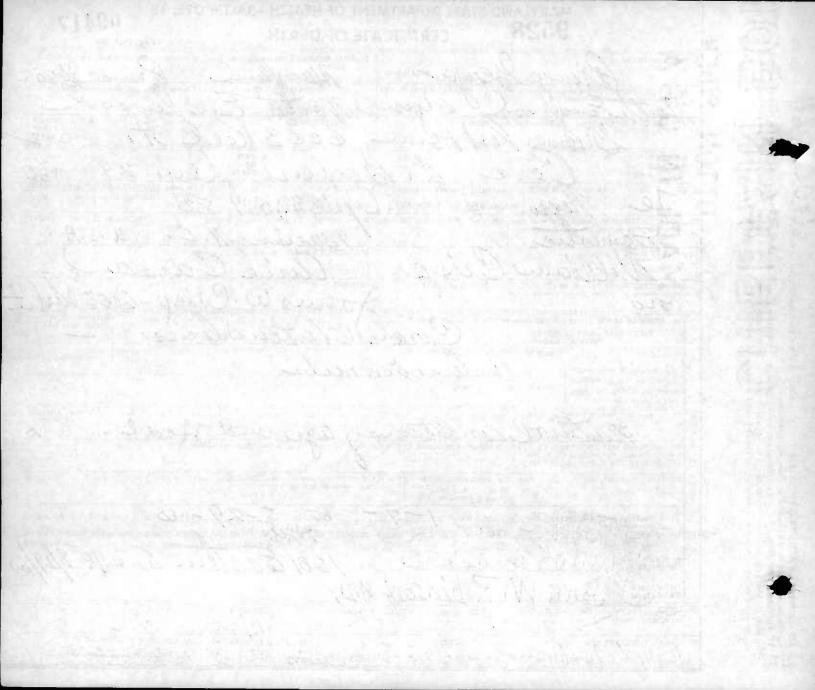
VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
0520			

CERTIFICATE OF DEATH

(19417

	CERTIFICATE OF DEATH	Reg. Dist. No.
b. CITY OR TOWN If outside corporate limits, write c. LE	gar MARYLAND O. STATE Haryland	b. COUNTY congle limits, write RORAL and give nearest fown)
d. NAME OF FIOSPITAL (If not in hospital, give street oddres OR INSTITUTION)	641. 31 Mouth &	e. Is RESIDENCE ON A FARM YES \(\) NO S
NAME OF DECEASED (Type or print) (Arde	Middle Lost 4. DATE OF DEATH	110
6. COLOR OR RACE 7. MARRIED WIDOWED W	NEVER MARRIED 8 DATE OF BIRTH DIVORCED 4/11/230, 1877	9. AGE (In years last birthday) Months Doys Hours Mir
a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, with retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinte or foreign of	12. CITIZEN OF WHAT COUNT
FATHER'S NAME / Cliam Ci	14. MOTHER'S MAIDEN NAME	Carson
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (If yes, give war or dates of service)	L SECURITY NO. INFORMANT	Cisp-6003 Keed
18. CAUSE OF DEATH [Enter only one cause per line for PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a) to and (c).] and (c).]	Moure Interval Between ONSET AND DEAT
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO (b) DUE TO (c)	terios clerado	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AND THE TERMINA	PERFORMED YES NO,
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY While that work in all work in the control of the control	Not while foctory, street, office bldg., etc.)	y or town) (County) (St
21. I certify that I attended the deceased from alive an 1960. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) To M. W. Ro	_, and that death accurred at 120 fM, from	the causes and on the date stated about the causes and on the date stated about the cause of the
Ta. BURHAI, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CREMATORY 22d. LOCA	STION (City, town, or county) C. (Stote)
LINY & Washington + Ses	ADDRESS 4925 Regue 240. REC'D BY REGIS	160 Carthur S. Kraus



TO HOSPITA VR A15 (4) 1SM 9/59 9454

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. !	o. COUPYINCE	George		MARYLAI		usual RESIDENCE (W		nce Georg		before o	admission)	
	b. CITY OR TOWN (II	f autside carporate lim	its, write	c. LENGTH OF STAY IN	1b							
				2 Days	1	Mt. Raini	.er					
	d. NAME OF HOSPIT	AL (If nat in haspital, s	give street	address)	-	d. STREET ADDRESS	7 7 7 7				IS RESIDENCE ON A FARM?	
1		eorge Gener	H fee	osnital		3210 Per	ry Str	reet			ES NO	
3. 1	NAME OF DECEASED	EI THE		Middle		Last	4. DATE	Man	th	Day	Year.	
	(Type ar print)	John	R.E	T		Bostick	OF DEATH	Aug. 4		4	1960	
5. 9		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	☐ B. D	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS	
	Male	White	WIDOW	ED DIVORCED	X N	ov. 5 - 190	05	last birthday) yrs.	Manths D	Days H	laurs Min.	
10a	. USUAL OCCUPATIO during most of work Unknown	DN (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State		ountry)		JSA	HAT COUNTRY?	
13.	FATHER'S NAME				1	. MOTHER'S MAIDEN	NAME					
	John Thom	as Bostick				Mic your ben	Mer M	ary Brewe	ar			
1S.	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Add	ress			
(,,,,,,	s, no, or unknown)	in yes, give wor or dates or :			Ho	spital Reco	ords					
		TH [Enter anly ane co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1)	ne far (a), (b) and (c).]	nch	cogenic	Ca	cinom	(AND DEATH	
	Canditians, if as	ny, which)				0						
	gave rise to immediate (NI)											
	cause (a), stating the under-											
FICATION	PART II. OTH		-	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?	
CAT											ES NO	
CERT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature af injury in	Part I ar Par	t II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while at wark at wa											
	21. I certify that (I) (this haspital) attended the deceased fram Aug. 2 1960, ta Aug. 4 1960 that (I) (we) last											
	saw the deceased alive on Ana 19607 and that death occurred at 5:10 Arone the causes and on the date stated above.											
	22a. SIGNATURE	P	7/	m V						1	22b. DATE	
	TI	ramas 6	1 1	Maxana	4 M.D		MED.	STATE PHYS.	- 4	10	110 60	
	22c. PHYSICIAN'S NAME (Type)	THOMAS .	MALO	ONEY C	1	22d. ADDRESS 2205 - Che	everly	Ave. Che	verly	• Md	9	
230	BURIAL CREMATIO	N, 23b. DATE THEREO	OF.	23c. NAME OF CEMETE	RY OR CI			TION (City, town,			(State)	
	REMOVAL (Specify)	Aug. 5th	1	Cedar Hill	L. Con	etery		land, Mar			(Sidie)	
24.	FUNERAL DIRECTOR	S SIGNATURE	10	ADDRESS GI	50	121	D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIGN			
1	Jums	none	no	DI 1700	w	SALOGATE A	JUG 8 '	60 0	thung &	Kraus		

M. P. P. C. a subject of the last por TOTAL TOTAL SECRET STATE Continue of the Continue of The same of the sa Takes of the control surface of the first on the state of the sta

09419

9455	CERTIFICA	IE OF DEATH						
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution: Residen	ice before admission)				
Prince George	MARYLAND	Maryland	Ann Arundel					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		de corporate limits, write RURAL and	give nearest town)				
Cheverly	16 Hr	Annapolis	Junction					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	B) X-9	e. IS RESIDENCE ON A FARM? YES NO				
Prince George General H	ospital			I IES LI MOND				
3. NAME OF First DECEASED (Type or print) Uplan	Middle		DATE Month OF DEATH Aug -25	Day Year 25 19 60				
HOTOH	M	Boswell	send and	1 YEAR IF UNDER 24 HRS.				
S. SEX 6. COLOR OR RACE 7. MARI WIDOW		B. DATE OF BIRTH	lost birthdoy) Months	Doys Hours Min.				
Lengte Mitthe		June 7, 1889	71 yrs.					
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if revired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or to	oreign country)	IZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	10 agrae	14. MOTHER'S MAIDEN NAM		0317				
Samuel Clark a	llen	Mary K	Reenly					
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17 IN	IFORMANT TO	Address A	5				
cro	· /	ene Philles	anapolinge	evelan M				
1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	0 2		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	elluhlis of	t leg		yd.				
lying couse lost. (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAGE	T I(a) 19 WAS ALITOPSY				
CATIC	CONTRIBOTING TO DEATH BUT	NOT KELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN TAK	PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. 19 While of wo	Not while for	ACE OF INJURY (Home, form, 2 tory, street, office bldg., etc.)	20f. (City or town)	County) (Stote)				
21. I certify that (1) (this haspital) attended the deceased fram any 20, 1960, ta Computs, 1960, that (1) (we) last								
220. SIGNATURE	saw the deceased alive on linger 20 1966, and that death accurred at 6 Markam the causes and an the date stated abave.							
Whilest Slate	74.7-	M.D. PHYS. MED.	TOR PHYS.	SIGNED				
22c. PHYSICIAN'S NAME (Type) POBE 1. + S. M	cceneyM	D. 409- Ma	nin St Laure	1, Md				
230. BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 230	d. LOGATION (City, town, or county)	m (Stote)				
24. FUNERAL DIRECTOR'S SIGNATURE	JADDRESS 1 %	2So. REC'D B						
Well itt Wanglober	haurel In	DATE AUG	The state of the s					

rs after death. Page 4

is by the funeral director, and 2 should be fitted with TO FUNERAS DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Boord of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITA

VR A15 (4) 15M 9/59

71884 Labella Company -95/100 95/02:1 due i. Est

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9508 CERTIFICATE OF DEATH

09420

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pro George 's							
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Laurel. Md.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) High Bridge, Md.							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Laurel General Hospital	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? YES NO □							
3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED Sirst Middle Samuel B	rady sr 4. DATE Month Day Year August 4, 19 60							
5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Sept 15, 1890 9. AGE (In years less birthday) 69 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Truck Farmer	ISTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY: U.S. A.							
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
John A Brady	Rosella Henry							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no or unknown) 1 (If yes, give wor or dates of service)	INFORMANT Address							
Ge	rtrude S Brady High Bridge Md.							
18. CAUSE OF DEATH [Enter anly one cause per line for (o); (b), and (c).]	INTERVAL BETWEEN ONSET AND/DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Calle Dallo College								
572 / DUE TO								
Canditians, if any, which) (b) 10 10 10 10 10 10 10 10 10 10 10 10 10								
cause (a), stating the under-	Couse (a), stating the under-							
PART II. OTHER/SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
	D. (Enternature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 at wark at wark at wark	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.) 20f. (City or tawn) (Caunty) (State)							
21. I certify that I attended the deceased from 3	. 1960, ta 8/4 , 1960, that I last saw the deceased							
	occurred at \(\frac{304}{20} \) M, from the couses and on the date stated above							
ACTUAL ADDRESS (Street, city or town, state) DATE SIGNED								
PHYSICIAN'S B. P. Warren	Laurel, Md.							
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O								
REMOVAL (Specify) Burial Aug 6, 1960 Ft Lincoln	(56.6)							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
F. Gasch's Sons Hyattsville, Ma	ryland. DATE AUG 8 '60 acting & Thous							

VS A15 (4) 15M 9/5B

		MARYL	AND STA	TE DEPART	MENT OF	HEALTH-	-BALTIA	AORE, 1	8 00	3421	
		9529	ltem	CERTIFIC	CATE OF	DEATH	J. Cac		Reg. Dist.		150
1, [PLACE OF DEATH O. COUNTY PRINCE	GEORGES		MARYLAN	a. STATE	SIDENCE (When	re deceosed live	b_COUNTY			ission)
'	RURAL and give ne		7	DAY			tside corporate	limits, write R	URAL and give	e nearest tax	wn)
	OR INSTITUTION	AIR FORCE AL (If not in haspital, g			d. STREET		7.35			ON	ESIDENCE A FARM?
3	USAF HO	SP ANDREWS,		DC Middle			eet SE,		.1		NO NO
	(Type ar print)	DEREK	NEWBORK	JUSTIN	BRAI	Œ	4. DATE OF DEATH	AUGUS	R	Day 18	Year 19 60
5. \$	MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED WIDOWED	DIVORCED			9. A	GE (In years ast birthday) yrs.	Manths Da	rear if UNI	
10a	. USUAL OCCUPATION during most of world NONE	ON (Give kind of work of king life, even if retired)	dane 10b. KIND C	NONE	DUSTRY 11. BIRTH		r fareign country	у)	12.CITIZE	N OF WHAT	COUNTRY?
13.	FATHER'S NAME	0.00		NOME		'S MAIDEN NA	ME		ONL	TED OI	AIBO
I	DWEY LEE	BRAKE			ROBE	RTA ANN	OYLER				
15.		R IN U. S. ARMED FOR	ervice)	ONE	PATIENT 1	S CHART		Add	ress		
	0.00	mmediate (RESPIF	a), (b), and (c).] RATORY DIS	STRESS					INTERVAL I ONSET AN 25 H	ID DEATH
FICATION		IER SIGNIFICANT CON			AVE SU				EN IN PART 1	PERF	S AUTOPSY FORMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCU	RRED. (Enter nature	af injury in Pa	art I ar Part 11 a	f item 1B.)			
MEDICA	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea		at while	PLACE OF INJURY factory, street, aff		20f. (City ar to	awn)	(Cau	unty)	(State)
	21. I certify the alive an 18	at I attended the		m 17 AUC		1:20PA		causes an	d an the c	date state	
	SIGNATURE	John	B //	borne	MD ANDR	EWS AIR	FORCE	BASE		18 /	AUG 60
	PHYSICIAN'S NAME (Type) JQ	EN A MOORE,	MAJ USA	AF (MC)	USAF	HOSPIT	AL ANDE	EWS, W	ASHING	TON 25	D C
220	BURIAL, CREMATIO REMOVAL (Specify)	8-19-6	F 22c. N	Moral	OR CREMATORY	2	Was	(City, tawn,	ar county)	D.	rate)
23.	Andre	S SIGNATURE Note	B.	DDRESS //			BY REGISTRAR UG 2 3 '6	0	STRAR'S SIGN		
	2050	943XV	2415								

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	Vacheng				
The state of					

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	0.500	SEKTIFICA	IE OF DEATH	00466
# T	1. PLACE OF DEATH SURVE GLORGES	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	If institution: Residence before admission) o. COUNTY (MARI SUBJECT)
	RURAL doll give peacest town)	TH OF STAY IN 16	c. CITY OR TOWN (1) outside corporate lin	nits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Chairmy Hall Kotal	0	d. STREET ADDRESS CRUNY /	thie Road on a FARM?, YES \(\) NO ID
3	3. NAME OF DECEASED (Type or print) HARRY	Middle	BRIGGS, JK DATE OF DEATH	Month Day Year 1960
	5. SEX Male 6. COLOR OR RACE 7. MARRIED IN NE	DIVORCED 🗌	May 7, 1882 10st	E (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Months Doys Hours Min.
6	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, every refired)	Md, (Re)	(1) Philadelphia	Pa 12. CITIZEN OF WHAT COUNTRY?
	Harry R. Briggs		14. MOTHER'S MAIDEN NAME ELEYO-VEETH	7
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes, no. or unknown) (If yes, give wor or dotes of service)	ECURITY NO. 12. II	W. Nery C. Briggs.	(Lame as #2)
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(b), ond (c).]	Sprismo	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying</u> COUST (c)	suc.	Euglipes	10 4m
1 OIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED	TING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
Crowner	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter noture of injury in Port 1 or Port II of	item 18.)
10.00	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OC Hour o. m. While Not of work ☐ of w	while fo	ACE OF INJURY (Home, farm, 20f. (City or town ctory, street, office bldg., etc.)	vn) (County) (Stote)
	21. I certify that (I) (this hospital) aftended the saw the deceased alive on			causes and on the dote stoted above.
	220. SIGNATURE 22c. PHYSICIAN'S Mars	en/	M.D. ATTENDING MED. STA	AFF 22b SATE
ll c	NAME HYPOT, M. WARREN	ME OF CEMETERY A	Laurel.	Maryland (Stote)
	JEMOVAL (Specify) Olyg 13, 1960 900	rge When	La Marie Lee Charact	1013 TUSUS IN STORY I
-	& arthur Halters, 254 Care	u DI KI	DATE AUG 1 5 '60	Clother S. Knows

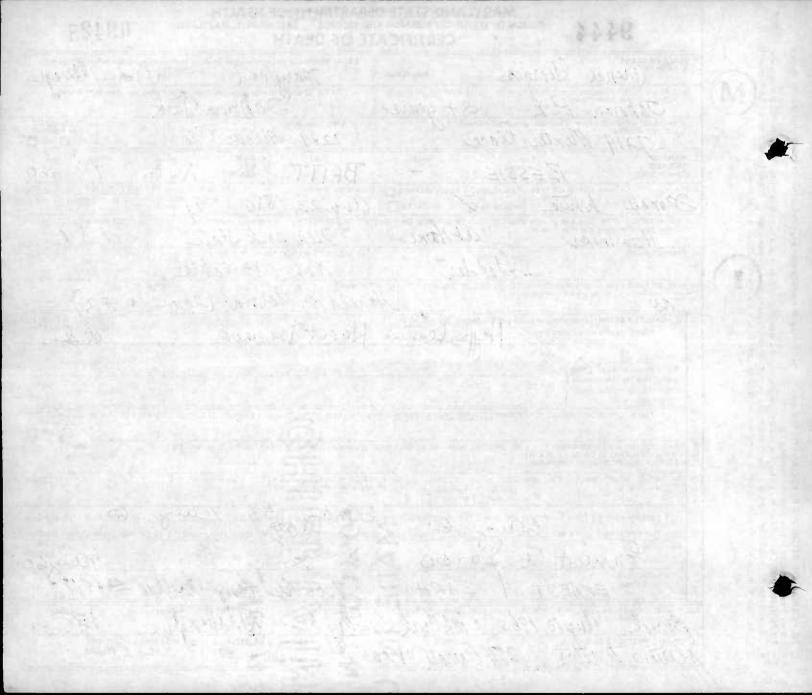
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09423

1. PLACE OF DEATH	01		2. USUAL RESIDENCE	CE (Where deceased li		Residence before	re admission)
(Miner	Ellarges	MARYLA	ND G. STATE THE	Mand	b. COUNTY	Mice	Storget
b. CITY OR TOWN (If autsic RURAL and give nearest t	de carporate limits, write	c. LENGTH OF STAY IN	1b c. CITY OR TOW	No autside sprporat	te limits, write RUF	AL and give nea	arest tawny
Jakoma	rack	2+ years	154	Jakon	in Jack		
d. NAME OF HOSPITAL (IF	nat in haspital, give street	address)	d. STREET ADDR	ESS W	D.		e. IS RESIDENCE ON A FARM?
7219 1	Minter Jea	CL	17219	Munue	Olael		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Do	
(Type or print)	13ESSIE	_	BRITT	DEATH	AUG	7	1960
S. SEX 6. CC	OLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	100- 9.	1	Manths Days	IF UNDER 24 HRS Hours Min.
Seppale. N	YULL WIDOWI	ED DIVORCED [1 (My, 23	, 1880	79 yrs.	July's	Tioors Will.
10a. USUAL OCCUPATION (Gir during mast of working life		KIND OF BUSINESS OR	NOUSTRY 11 PIRTHPLACE	(State or foreign cour	ntry)	12. CITIZEN OF	F WHAT COUNTRY?
Homewak	(a /	Cerrone	Mu	york St.	ale_	u.	D. C.
13. FATHER'S NAME	4	11/	14. MOTHER'S MA	DEN NAME	1.1.		
	Pt	lew.	100	avous	ruce	11000	
15. WAS DECEASED EVER IN U (Yes, no, or unknown) (If yes, g	I. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	0.0.1	Addres	s il	-)
70			Harried N.	coever	(Hagel	an Ho	2)
18. CAUSE OF DEATH [ne far (a), (b), and (c).	1100 4	h			ERVAL BETWEEN
PART I. DEATH WA	EDIATE CAUSE (a)	ypertensi	e Herr	Disens		0	ed_
1 447	DUE TO	01					
	hich) (b)						12 m
gave rise to immed cause (a), stating the <u>un</u>	DUE TO						
lying cause last.	(c)						
PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	ETERMINAL DISEASE	CONDITION GIVE	IN PART 1(a)	PERFORMED?
3					C. Ballinton		YES NO
PART II. OTHER SIGNATION OF CONTRIBUTING CA	USE OF DEATH	CRIBE HOW INJURY OCC	URRED. (Enter nature of inj	ury in Part I ar Part I	I af item 1B.)		
20c. TIME OF INJURY Mo			e. PLACE OF INJURY (Ham factory, street, office blo		ir tawn)	(County)	(State)
Hour o. m. p. m.	19 While at war		raciory, sineer, office bio	g., etc.)			
21. I certify that (1)	(this hospital) attend	ded the deceased fr	om 6 man	1953 to	7aux	1960 th	nat (I) (we) last
saw the deceased a	0-134	60	nat death occurred	538 M. from th	ne causes and		stated abave
220. SIGNATURE	000	0	33337704			011 1110 0010	22b. DATE
OTN	2st (l.)	Sarao	M.D. PHYS.	MED.	STAFF PHYS.	*	7 aus GO
22c. PHYSICIAN'S NAME (Type)	1	574 24	22d. ADDRESS	21 (1/	1.10	7	Only
EK	WEST A.	SARHO	1006	New Aday	REMILLY	W. J. 1	·ILA
23a. BURIAL, CREMATION, 23	DATE THEREOF	23c HAME OF CEMETE	RY OR CREMATORY	23d. LOCATIO	DN/City, tawn, or	caunty)	(Ştate)
BUILL (Specify)	Mg. 10, 1960	Lock Creek	Cemeliny	Was	hungten	- 1	2C
24. FUNERAL DIRECTOR'S SIGN	URE	ADDRESS	3 . 1/1/	REC'D BY REGISTRA	T 7	RAR'S SIGNATU	
sclution alas	lus, 254	L'Carrall al	W DC DA	TE AUG 9 '60	ant	hur S. Thai	4

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9456

CERTIFICATE OF DEATH

119424

				77							
a. COUNTY					USUAL RESIDENCE (\	Where deceased	lived. If institution b. COUNTY	an: Resider	nce befa	re admiss	ion)
Prince G				YLAND	Marylan		ince Geo				
b. CITY OR TOWN RURAL and give r	(If autside carporate limi nearest tawn)	ts, write	c. LENGTH OF STAT	Y IN 16	C. CITY OR TOWN (I		rate limits, write R	URAL and	give nec	rest tawn)
Chever			lit hr	3	Englew		115-6-3-0				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g George Gen	ive street o	Wordital	1	d. STREET ADDRESS					e. IS RES ON A	FARM?
Prince	George Gen	erar	HOSPICAL		6010 Pr	att St				YES	NO 🗆
B. NAME OF DECEASED	Fir	st	Middl	e	Last	4. DATE	Mar	nth	Do	у .	rear .
(Type ar print)	Cora				Brooks	DEATH	Aug.		1		8 60
Female	6. COLOR OR RACE	7. MARR	IEDE NEVER MARR	1ED 8. D.	ATE OF BIRTH		9. AGE (In years last birthday)	Months			
remare	Colored	WIDOWE	D DIVORC	ED 🔲	June 8,	1895	65 yrs.	Months	Days	Haurs	Min.
0a. USUAL OCCUPATI	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Sto	ate ar fareign c	auntry)	12. CIT	IZEN OF	WHATC	OUNTRY
Housewi	rking life, even if retired.)			St. Mary	's Co.	Maryland	US	A		
3. FATHER'S NAME				14	4. MOTHER'S MAIDEN	N NAME				115)	
John Th	omas				Cecelia	Dyson					
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. INFOR			Add	ress	- 10	1.4	
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)									
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	e tor (a), (b), and (c)	al N	'emorry	Rage			INTI	RVAL BE	OF ATH
PART I. DE Canditians, if gave rise ta cause (a), stating lying cause last	ATH [Enter anly ane co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO)	Cerebr	il N		1	E CONDITION GIV	VEN IN PAI	ONS	9. WAS	AUTOPSY
PART I. DE Canditians, if gave rise ta cause (a), stating lying cause last	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO DUE, which immediate the under: Colory, which immediate the under: Colory)	Cerebr	il N		1	E CONDITION GIV	VEN IN PAI	ONS	9. WAS	AUTOPSY RMED?
PART I. DE Ganditians, if gove rise to cause (a), stating lying cause last PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO DUE, which immediate the under: Colory, which immediate the under: Colory))) DITIONS <u>C</u>	Cereby Contributing to D	EATH BUT NO		RMINAL DISEAS		VEN IN PAI	ONS	9. WAS PERFO	AUTOPSY RMED?
PART I. DE Canditians, if gave rise ta cause (a), stating lying cause last	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO DUE TO DUE TO OTHER SIGNIFICANT CON THER SIGNIFICANT CON AS UNDERLYING SIGNIFICANT CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	Cereby Contributing to D	EATH BUT NOT	T RELATED TO THE TER	RMINAL DISEAS in Part I ar Par	t II of item 18.)		RT 1(a) 1	9. WAS PERFO	AUTOPSY RMED? NO (State
PART I. DE Ganditians, if gove rise to cause (a), stating lying cause last PART II. OI 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJUMEN	ATH [Enter anly ane con ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO any, which immediate to the under: (c) THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year (I) (this haspital	20b. DESCO 20b. DESCO 20d. IN White at wark	CRIBE HOW INJURY OF COURRED Not white of work led the deceased	DCCURRED. (E	T RELATED TO THE TER inter nature af injury OF INJURY (Hame, fo, street, affice bldg.,	rminal Diseas in Part I ar Par arm, 20f. (City	t II of item 18.) our tawn) Aug • 4	. 19 6	(County)	9. WAS PERFO	AUTOPSY RMED? NO (State
PART I. DE Ganditians, if gove rise to cause (a), stating lying cause last PART II. OI 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJUMEN	ATH [Enter anly ane con ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO any, which immediate to the under: (c) THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yen 19	20b. DESCO 20b. DESCO 20d. IN White at wark	CRIBE HOW INJURY OF COURRED Not white of work led the deceased	DCCURRED. (E	T RELATED TO THE TER inter nature of injury OF INJURY (Hame, fo, street, office bldg., Aug • 3	rminal Diseas in Part I ar Par arm, 20f. (City	t II of item 18.) our tawn) Aug • 4	. 19 6	(County)	9. WAS PERFO	AUTOPSY RMED? NO (Stote
PART I. DE Canditions, if gove rise to cause (a), stating lying cause last PART II. O1 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT	ATH [Enter anly ane con ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO any, which immediate to the under: (c) THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year (I) (this haspital	20b. DESCO 20b. DESCO 20d. IN White at wark	CRIBE HOW INJURY OF COURRED Not white of work led the deceased	DCCURRED. (E	T RELATED TO THE TER inter nature of injury OF INJURY (Hame, fo, street, office bldg., Aug • 3	arm, 20f. (City etc.)	ar tawn) Aug • 4 the causes ar	. 19 6	(County)	9. WAS PERFO	AUTOPSY RMED? NO (State we) las abave
PART I. DE Canditians, if gove rise to cause (a), stating lying cause last PART II. OI 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJUMEN	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE OF DUE TO OTHER SIGNIFICANT CON IMPORTANT OF THE CAUSE OF DEATH MEDICAL EXAMINER) AS UNDERLYING CON INTERPORTANT OF THE CAUSE OF DEATH MEDICAL EXAMINER) TO THE CAUSE OF DEATH MEDICAL EXAMINER OF THE CAUSE	DITIONS C 20b. DESC or 20d. In White at wark	CRIBE HOW INJURY OF COURRED Not white of work led the deceased	DCCURRED. (E 20e. PLACE factory. d fram	T RELATED TO THE TER inter nature of injury OF INJURY (Hame, fo, street, office bldg., Aug • 3 h accurred at 3 ATTENDING PHYS. 22d. ADDRESS	rminal diseas in Part I ar Par arm, 20f. (City etc.) 1960 , ta Median Aram MED DIRECTOR	ar tawn) Aug • 4 the causes ar	, 19 c	County)	9. WAS PERFO	AUTOPSY RMED? NO (State we) las abave b. DATE

TO HOSPITAL VR A15 (4) 15M 9/59

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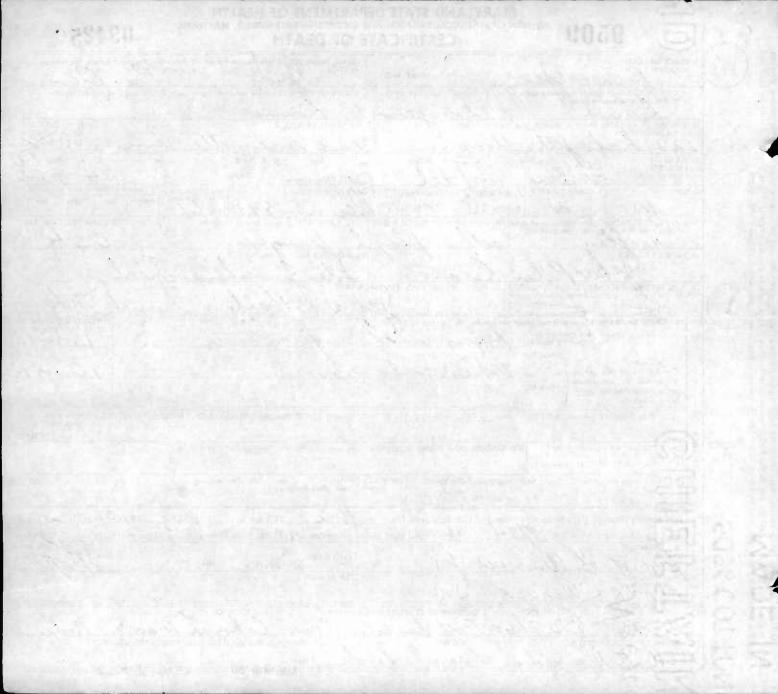
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9509

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09425

	1. PLACE OF DEATH O. COUNTY MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL of B give nearest town)	r IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give rearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION 122 Lafayette are		d. STREET ADDRESS 122 Rafyette ane e. IS RESIDENCE ON A FARM? YES NOW
	3. NAME OF DECEASED (Type or print) Hollis First Middle Middle		Brown DEATH 8 24 19 60
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR WIDOWED DIVORC		B. DATE OF BIRTH 9. AGE (In years lost bythdgy) 9. AGE (In years lost bythdgy) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 14. Petter Branen	lay	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	O. 17 N	Care B. Barbara Lawel Mil
<i>).</i>	1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-</u> lying cause lost. (c)	eler	interval between onset and death summ.
4	CATIC		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 2
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at wark at work		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
1	21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 1960, and 22a, stGNATURE 22c, PHYSICIAN'S NAME (Type) L. WEAVER JR.	d that d	M.D. PHYS. STAFF SIZOINE 22d. ADDRESS 22d.
1	23c. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CENTREMOVAL (Specify) 24. FURIERAL DIRECTOR'S SIGNATURE ADDRESS	VETERY O	R CREMATORY 23d. LOCATION (City, town, ar caunty) Colman Manan Md. 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE
	the formation of the second		AUG 3 0 '60 Chat & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the definition with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral district. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your forward. To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registro prior to buriol, cremation, or removol.

	MAF	RYLAND	STATE	DEPARTME	NT OF	HEALTH-	BALTIMORE,	18
945	7	MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

(19427 Reg. Dist. No.

)		PLACE OF DEATH O. COUNTY PRINCE CERVAC MARYLAND 2	P. USUAL RESIDENCE (Where deceased liver o. STATE	d. If Institution: Residence before admission) b. COUNTY P				
	b	c. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF outside corporate I	limits, write RURAL and give nearest tawn)				
19	d	d. NAME OF HOSPITAL OR INSTITUTION (If nor in prospital, give street address)	d. STREET ADDRESS	en Is RESIDEN ON A FARI NO	NS.			
	-{	NAME OF DECEASED (Type or print) SHILEY ANN BY	Lost 4. DATE OF DEATH	8 24 19 6	2_			
	5. \$	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. D. WIDOWED DIVORCED L		E (in years IF UNDER 1YEAR IF UNDER 24 Hours Min.	IRS.			
	10a. d	u. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life leven if retired)	11. BIRTHPLACE (Store or Foreign country)	12. CITIZEN OF WHAT COUN	TRY?			
	13.	FEDREE NELSON Brown	4. MOTHER MAIDEN NAME	Roris				
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ree. N Brown	Address agussal				
		18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nolion	INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if only, which) (b) Interstite	al Pnum	ona zuel	4			
		gave rise to immediate cause (o), stating the underlying couse lost.						
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	FRELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO	_			
9		20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	r noture of injury in Part I or Part II of item	18.)				
	MEDICAL		OF INJURY (Hame, Farm, , street, office bldg., etc.)	rn) (County) (Sto	ie)			
		21. I certify that I took charge of the remains described above death resulted from: Natural causes , Accident , Suicident		tion, Inquiry, and find remined couse	that			
		ACTUAL SIGNATURE DATE SIGNED ACTUAL SIGNATURE DATE SIGNED						
1		EXAMINER'S NAME (Type) DAYTON O WATKIN	ASSISTANT MEDICAL EXAMINER S	8-2560				
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR. BMOVAL(Specify) 8-25-60 John Wes	LEMATORY 22d. LOCATION (City, town, or county) (State)				
	23.	The HUNTT FUNEVALL HOME, Waldorf,	Md. DATE AUG 3 0 '60	246. REGISTRAR'S SIGNATURE Chilmy S. Knows				

VS. A15ME(5) 5M 9/55 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ASSESSMENT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09428

90		9512 CERTIFICATE OF DEATH
director,		LACE OF DEATH COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mayland b. COUNTY D. COUNT
uneral Id be fi	Ь	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 13 days 6 Riverdale
d 2 should	d	NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Le and Memorial d. STREET ADDRESS ON A FARM? YES NO MEMORIAN OF THE PROPERTY OF TH
filled in ges 1 an eath.	(IAME OF ECCEASED (Spear print) Perry W. Middle Browning DEATH Aug. 28 1960
ed with pletely ers. Pa after d	_	nale White WIDOWED DIVORCED 10-16-78- last birthday) Months Doys Hours Min.
and com an popo 2 haurs	1	USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Way and U.S. 9.
sician ve carb within 7		Theodore F. Browning Ella Maddox
ing phy ie remo event.		NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT O. or unknown) (If yet give way or dates of service) Address Address Address
he death e attend en pleas d in any		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
s that t d by the nit. Th val, and		Conditions, if ony, which) (b) arterio scleratic Alexander 1 day
require an. signer sit perr		gave rise to immediate cause (a), stating the under-lying cause last. DUE TO White Carliers CC DUE TO
physici nas beer rial-tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
_ 0 + + 0	. [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
PHYSIC al or att this certi r use os r ta buri	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur o. m. P. m. 19 20d. INJURY OCCURRED While at wark
NDING NDING Page Page Ched fa Ched fa Ith prior		21. I certify that (I) (this haspital) attended the deceased fram all (I) (we) last saw the deceased alive an all (I) (we) last and that death occurred at (I) (we) from the causes and an the date stated above.
R ATTE		220. SIGNATURE ATTENDING MED. STAFF SIGNED S
2 bis		22c. PHYSICIAN'S NAME (Type) LW Malin MD 22d. ADDRESS Rucedale Med
E S e S e S e S e S e S e S e S e S e S	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State) Burial 9/1/60 Congressional Washington D. C.
O D D D D D D D D D D D D D D D D D D D		UNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D MARGETRAR'S D256. REGISTRAR'S 619 AND BATE 31'60 CARLANT S. FILAMENT S. FILAMEN

poled within 24 hours after death. Page 4

AOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hord by the haspital or attending physician.

**ORECTOR: After this certificate has been signed by the attending physician and completely filled in

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	State State of			
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4/200	Direction of the	te in id		
		SOLA PETERSON		
			100	

9532 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, water c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nearest town) 0 vandywing NAME OF HOSPITAL (If not in hespital, give street address STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DA NAME OF Lost 4. DATE Year DECEASED (Type ar print) DEATH 050 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH 9. AGE (M years last bifthdoy) Months WIDOWED DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? dang most of working life, ever if retired) puo FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicio remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMAN** attending CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Conditions, if ony, which (b) gned gave rise to immediate DUE TO cause (a), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) MEDI Hour o. m. While Not while ot work ot work 21. I certify that I attended the deceased fram_ ____ 1960 that I last saw the deceased 19. 60, and that death accurred at 7.45 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE σ PHYSICIAN'S Dobson NAME (Type) FUNER, 3 DATE THEREOF 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22de LOCATION (Giry, (State) REMOVAL (Specify) 76. REGISTRAL'S SIGNATURE UNERAL DIRECTOR'S SIGNAT 24g. REC'D BY REGISTRAR AUG 1 0 '60 VS A 15 (4) 15M 9/5B

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Prince Garge Mary Good Prince Garge

T. B. Brandywine Backs of Brandywine August a, 60

M. white April 18/1898 62

Chamist Dairy Virginia U.S.A.

Robert Lee Burton Mary Thairston Brandywine

1858 WWW 1 22318-5707 Mrs. Jane W. Burton Brandywine

And the state of t

Burial Hug. 5, 1960 Arlington National Arlington, Virginia Hunce Funeral Home, Waldery, Md.

9458

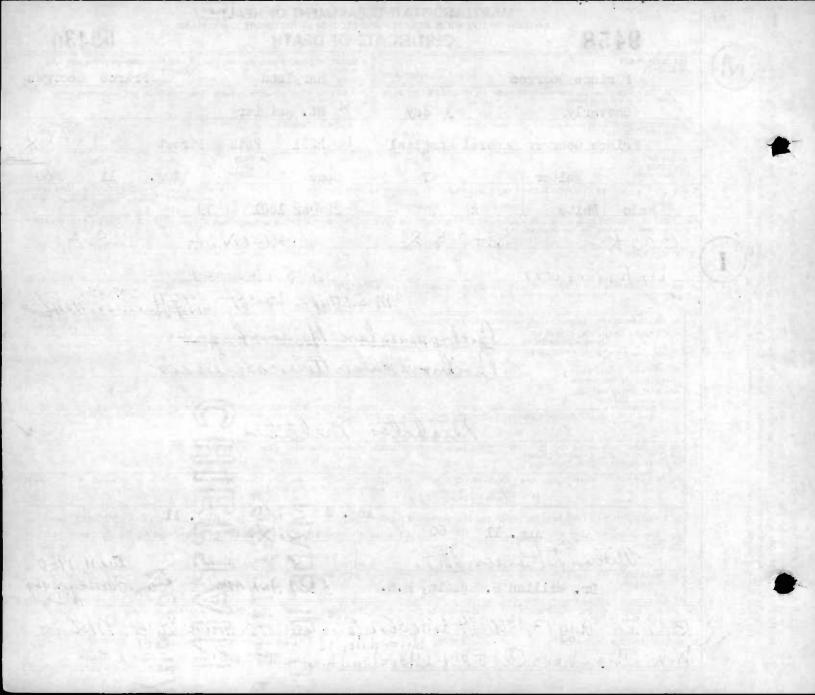
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09430

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
P rince Georges MARYLAND	Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 3 day	76 Mt. Rainier
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince Georges General Hospital	
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Walter T	Cade DEATH Aug. 11 1960
	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	22 Mar 1881 last birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
i danha a dana	in projector
	NFORMANT Address
(Yes, nor or unknown) (If yes, give war or dates of service)	no Ethel L. Buff 43H in mid
18. CAUSE OF DEATH [Enter only one couse per lime for (o) (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	and passed the second
Conditions, if any, which	ulas Ticlanasa Vincia
gave rise to immediate	out of arascuscus
couse (a), stating the under-	
lying couse lost. (c)	TAIOT DE LATED TO THE TENNINA DISEASE CONDITION CHIEF IN BART II. 10 WAS ANTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHYBUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S Number	YES NO TO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) clory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work	crory, street, office blog., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	Aug. 8 12 60 ta Aug. 11 5 60 that (1) (we) last
saw the deceased alive an Aug 11 19 60 and that a	death accurred at 5, 15%, 150m the causes and an the date stated abave.
220, SIGNATURE.	22b, DATE
	M.D. PHYS. MED. STAFF PHYS. 3 aug 11, 1960
22c. PHYSICIAN'S NAME (Type) Dr. Willian D. Rossin, M.D.	5304 ANNAPOLIS RD, Bladeusburg
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town, or county) (State)
Burial ling 13, 1960 St. amcoli	2 Tomeling Bladenstourd Mid
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS KIVEN	Flate, Md 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.W. Chambers Co. 5201. Cleve	and Ave DATE AUG 18'60 Criting S. Trans



1	. 0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 5E	X	9533 CERTIFICATE OF DEATH Reg. Dist. N. 431
Page 4 director, iled with	AB	1. PLACE OF DEATH a. COUNTY OF RINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY OF INCE GEORGES MARYLAND O. STATE O. S
	MI)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tayn)
funeral vid be t		RURAL and, give nearest town) Chinton 32 VR5. Chinton ma
the the	A	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RT 2 BOX 6 e. IS RESIDENCE ON A FARM? YES NO BY
in 24 ho filled i		3. NAME OF DECEASED (Type or print) LOW ITA CARILO CARRICO DEATH AUG, 16 1960
within stely fi		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years logt birthday) Months Days Hours Min.
uted ample ppers		100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
and carr ban pap er death.	1	during most of working life, even if refired) ————————————————————————————————————
ate be ician a carba s after		13. FATHER'S NAME Jerone Sterling Laying, Sterling
certificate k g physician remove car 72 haurs aft		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or doles of service) 577./6-8499 Robert M Carrico
eath endin lease thin		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
the d		PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE ONSET AND DEATH STAND DE
by the		Conditions, if ony, which) (b) GENERALIZED CARCINOMATOSIS 3VR5
signed signed t perm d in a		gave rise to immediate cause (o), storting the under-
sicial seen ransi		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAN DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
he le phy has b rial-t	A	RHEMATIC HEART DISEASE PERFORMED?
ending ficate the bu	V	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING FANSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSIC or att is certi use as matian		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour of the property of work
Spito Per the for the cree the		21. I certify that I attended the deceased from AUG 6, 1960, to President that I last saw the deceased
ENDI R: Afi achec		alive on ALL 12 , 19 60, and that death occurred at 9.9 M, from the causes and an the date stated above.
RECTO be det rior to	1	ACTUAL SIGNATURE OF THE SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE OF CONTROL NO. 8/16/6
RA Should should		PHYSICIAN'S ARTHUR SHAVER JR. BRANCH AVE, - CLINTON MD. SILL
TOSP TONE	0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote)
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VS A15 (4) 15M 9/55	1111	Sennos Bros 1661- 3d Hope Pd DATE ALIG 18'60 Colling & thrus
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AUG, = Jan 11 1904 56 CRISFIELD, MD, Lavina Stelling 577-16-8499 Pobet M. Carrico CONGESTIVE HEART FAIL GENERALIZED CARCINOH CARCINOMA OF OUAR ATIC REART DIS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NAME OF Middle DATE Month DECEASED (Type or print) DEATH 9. AGE IN feors 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED ' DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane of the during post of working life, even it retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. PATHPLACE (State or foreign country) puo puo pe 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY SID 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Medical Page 3 sh foctory, street, office bldg., etc.) While Not while at work of work 21. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection . ificate, w. DIRECTOR: death resulted fram: Natural causes 1. Accident , Suicide , Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUT DEPUTY MEDICAL EXAMINER forward NAME (Type) cute 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or tounty) REMOVAL (Speciful) 0 FUNERAL DIRECTOR'S SIGNA 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(5) DATESEP Orthur & Hears 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

(County)

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Year

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real director. Page ned for your files. TO DEP INTEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any tay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the regard did should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perput. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any eyest within 72 hours after death.

VS. A15ME

5M 7/59

MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS	EPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OS1/ MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, white RURAL and give, nearest jown) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	MT. RAINIER d. STREET ADDRESS 1 a. IS RESIDENCE
LELAND MEMORIAL HOSPITAL	3370 CHILLUM RD VES NO X
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF
1-41	ANCIARUSO DEATH AUG 5 1960
7. MARKIED LI NEVER MARKIED M	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) (2 yrs. yrs. yrs.
10a. USUAL OCCUPATION (Give kin'd of work 1 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if ratirad) MAINTENANCE MAN UNIV. MARYLA	ND ITALY U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALEXANDER CIANCIARUSO.	ADELE PREZIOSI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT ALBERT D. MINICHELLA Address 2703 ARUNDEL RI MT. RAINIER MD
18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b), and (c).)	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCICLO CON	reactive how to farlier ONSET AND DEATH
L4-42X DUE TO	
Conditions, if any, which \ (b) Conditions	scular result disease
gava rise to immadiate causa (a), stating the underlying	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURED. (CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Homa, farm, '20f. (City or town) (County) (State)
Hour a.m. While Not While at work at work	lory, sireel, office diag., arc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection C. Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suice	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE JAMES I	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S /A MES LISONO	Address (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O. REMOVAL (Specify)	
Burial Aug 8, 1960 George Washi	ngton Hyattsville, Md.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

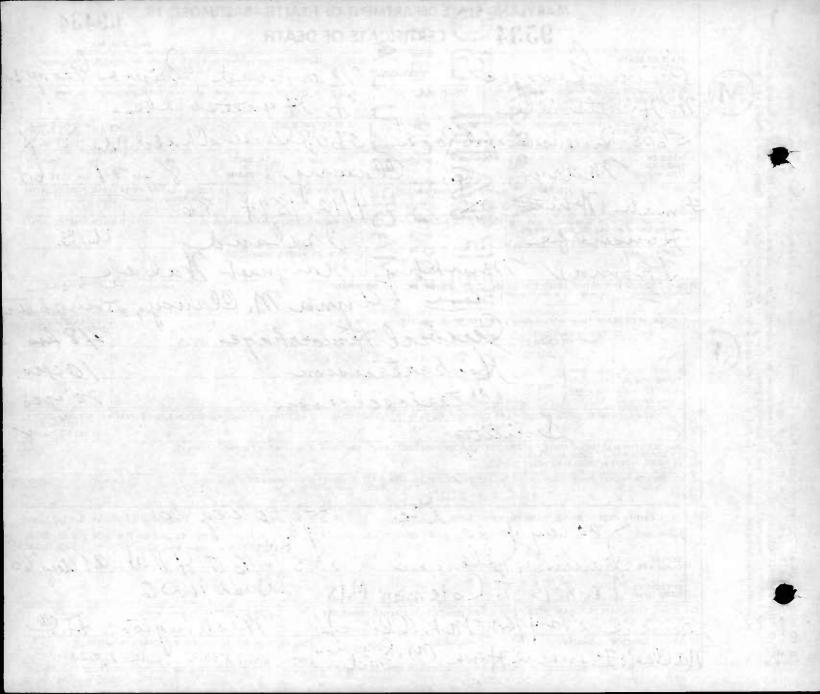
F. Gasch's Sons Hyattsville, Md.

REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE AUG 9 '60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE Restrience before edmission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution e. COUNTY b. COUNTY e. STATE files. MARYLAND b. CITY OR TOWN (if outside corporete life C. SENGTH OF STAY IN 16 c. CITY OR TOWN (If outside emporete limits, write RURAL end give neerest (bwn) director. wrije RURAL end give meerest lown 5 Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 0 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F retained State death. NAME OF DATE Month Dey 3 to the DECEASED OF the DEATH (Type or print) after 19 with 8 DATE OF BIRE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX AGE (In yeers TE UNDER 1 YEAR JF UNDER 24 HRS. 2 with 2, and 5 may d 2 withours last birthday) Months Devs Hours WIDOWED DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRICE 12. CITIZEN OF WHAT COUNTRY? done daring most of working life, even if retired) M3. 13. FATHER'S NAME MOTHER'S MAIDEN NAME in pencil in Item 18. Give MEDICAL EXAMINER: This certificate should be executed within 正 15. WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL INFORMANT Address permit. (Yes, no, for unkown) | (If yes g ve wer or detes of sellvice Office along with on INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), .5 ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal, DUF TO Conditions, if eny, which (b) "pending" geve rise to immediate cause (0) Medical Examiner's DUE TO SBS (e), steting the underlying cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? 99 ute the certificate, writing the word cremat YES WO plnous 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of IIem 18.) 20e. EXTERNAL RAUSE WAS PRIMARY | O CONTRIBUTING | CAUSE OF WATH. buri should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, st ent, office bldg., etc.) While Not While 0 el work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection 14 Inquiry 14 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINED'S NAME (Type) ease ex Address (Street, city, town, or county) O DEPU 226. DATE THEREO 22c. NAME OR CREMATORY 22d. LOCATION (City, town, or couptry, (Slele) REMOVAL (Specify ₽40 p urial 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME '60 AUG 4 5M 7/59 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 11577

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)				
	O. COUNTY Prince Los S MARYLAND	a. STATE M. d. b. COUNTY pr Sec				
	b. CITY OR TOWN (If autide corporate limits, write RURAL and gift (hearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
	Chesserle DOA	Whopen marlosso and				
H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give prison dictions)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
	I since George General	4273 VES NO 1				
ı	3. NAME OF First Middle	Last 4. DATE Manth Day Year				
	(Type or print) WALTER OTHO	00/Ce DEATH Decy . 25 1966				
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 1884 9. AGE (In you IFUNDER 1YEAR IF UNDER 24 HRS.				
	WIDOWED DIVORCED	An 24 MANNE 10 yrs.				
	0a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)					
	Rescred Specialist U.S. Government / 900					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	TVANK L COOKE	Sara Parker				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT					
	no	ronces book marlow his				
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a cedema minutes				
	1442 DUE TO A 1 6 1 0					
	Canditions, if ony, which) (b) (Malo vasculor Kenal Deserge					
	gave rise to immediate cause (a), stating the underlying DUE TO					
	cause last. (c) Hyperthouse your					
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO X				
	CAUSE OF DEATH					
	Y facts	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) ary, street, affice bldg., etc.)				
	Haur a. m. p. m. 19 While at work at work					
Н	21. I certify that I took charge af the remains described above, held an Autopsy [], Inspection, Inquiry [], and find that					
	death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause					
	SIGNATURE Darton Walkins	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED				
		ASSISTANT MEDICAL EXAMINER \(\) 8/25/60				
	EXAMINER'S DAYTON OWATICIN	5 DEPUTY MEDICAL EXAMINER				
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)				
	Burial 8/29/60 Cedar Hill	Cemetery Suitland Md.				
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Ritchie Bros. Upper Marlboro, Md. DATE SEP 21'60 Callan S. Kraus						

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VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

19436 Reg. Dist. No.

- 1	000.						
A	1. PLACE OF DEATH O. COUNTY PRINCE GEORGIES MARYLAN	a. STATE O. STA					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BRANCY WINE					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION So Add Hospital Center	d. STREET ADDRESS ON A FARM? YES NO IN					
	3. NAME OF DECEASED (Type or print) Zeta Cord	Cutler 4. DATE Month Day Year OF DEATH AUG 24 1960					
	S. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED □ DIVORCED □	last birthday) Months Days Hours Min					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Iowa Vis.					
)	David M. Jones	14. MOTHER'S MAIDEN NAME FRANCES Caroline Fish					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT W. M. Cufley Address (Yes, no, or unknown) (If yes, give war or dates of service) (Yes, no, or unknown) (If yes, give war or dates of service) (Yes, no, or unknown) (If yes, give war or dates of service) (Yes, no, or unknown) (If yes, give war or dates of service)						
	(-)	interval between onset and Death 20 hours where CHF phlebitis, R/L + Pelvis					
6	CATIC	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
1	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20 Hour a.m. 19 While Not while of work at work	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)					
- Constant	21. I certify that I attended the deceased fram Aug 23 , 1960, to Aug 24 , 1969 that I last saw the deceased alive an Aug 24 , 1960 , and that death accurred at 5 to AM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNATURE SIGNATURE C/o Southern Maryland Hospital 8-24-60						
	PHYSICIAN'S NAME (Type) Vivian Chang	Clinton, Maryland					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE SUPPLY STATES	D					
•	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The HUNtt Funeral Home, Waldor	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE . DATE ANG 3 0 '60 Cribus S. Firms					

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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: ay is necessary and director. Page of for your files. a. COUNTY b. COUNTY Prince George's MARYLAND Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towns b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Cheverly Dead on arrival Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO State George's General Hospital Parkway NAME OF DATE Month Year 2, and 3 to the age 5 may be retained and 2 with the 5 72 hours after de-DECEASED OF (Type or print) DEATH Thomas Eugene Day August 20 F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH last birthday) Months Hours DIVORCED WIDOWED Male Sept. This certificate should be executed within 24 hours after form PM3, Page 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Electrician Railroad Maryland pages FATHER'S NAME Wallace E. Dav Mary E. King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress permit. (Yesting or unkown) (Ifyesgivawar ordalesofservice) Mary S. Day, Office along with burial-transit permi ame as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure and IMMEDIATE CAUSE (a) DUE TO removal. Subacute bacterial endocarditis (b) ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gava rise to immediata causa DUE TO (a), stating the underlying Rheumatic heart disease 20 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) 0 While Not While Hour am. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 3 Inquiry 3 and in my opinion designated agent, Natural causes Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8/20/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James I. Addrass (Streat, city, town, or county) TO DEP NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) S REMOVAL (Specify) Gate of Heaven Cemetery Wheaton Md. 8/24/60 40 Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE VS. AISME AUG 25 '60 Cothan S. Frank . Gasch's Sons Hyattsville, Md. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Erince George's o agreed control Victoria no basic victoria victoria frince vecrye's Seneral Hospital 5129 Parkery Lionee July Day August 20, 60 Arla [White Frank Bert. 21, 1921 | 36 M alegariotem Religion Menyland meloricoels 4 8 . 1 Yos WW 11 Mary S. Day, Ege ss # 2 equilat truen avivaminos esuo. Signate protestal andre process Energio neert disease trod .I seant Property Contract to Stee of Contract Constant Parisher II. THE PLANT OF THE PARTY OF THE P to diagenty content to the content of MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance bafora admission) I director. Page or your files. a. COUNTY a. STATE b. COUNTY Prince George County MARYLAND Prince George b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) for your write RURAL and give nearest lown) Adelphi Mount Rainier Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) n. IS RESIDENCE ON A FARM? 3523 3. NAME OF University Boulevard th Street YES NO TO Middle DATE DECEASED OF end 3 to the with the HOWARD (Type or print) DRAKE DEATH after 1960. August 5. SEX 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED T rage 5 m. s 1 end 2 w. 72 hours a 2 with last birthday) Hours 30 1893 Male WIDOWED X DIVORCED ig" in pencil in Item 18. Give Pages 1, 2, et s' o'flice along with form PM3. Page 5 m 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stefa or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Machinist Printing New York FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad5822 Greenlawn Dr. (Yes, no, or unkown) | (If yes giva wer or datas of service) No 89 Arthur H. Bethesda, Md. D. Williams 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Tamponade IMMEDIATE CAUSE (a) DUE TO This certificate should Rupture of the heart Conditions, if any, (b) gava rise to immediate causa 0 DUF TO (a), stating the underlying Medicel Examiner 98 Cardiovascular renal disease cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPS CERTIFICATION PERFORMED? 99 should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating Aortic valvular disease- rheumatic NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy inquiry -Inspection and in my opinion death resulted from: Natural causes Suicide Accident Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD. 1960. NAME (Type) August Address (Street, city, town, or county) DE 22a. BURIAL, CREMATION, DATE THEREOF 40 6 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR ADDRESS 24b. REGISTRAR'S SIGNATURE VS. A15ME CHAMBERS CO.. Riverdale, Md. DATE AUG 1 8 '60 5M 7/59 arthur I Through

MARYLAND STATE DEPARTMENT OF HEALTH

Prince George County and fretak Primoe Goorant trolleba refuled a roll 2215 University Bouleverd and win de total state of the .03 SA James Avenue BXARG Male White December, to 1035 66 gni.nit. tei.ileM YANTANAS ANTONIS MONTH TI mesimento SSER 140-14-7789 archur H. D. Millione Setheeds, Md. Camalage Tempodele Published to the heart onesis forage milionesto. Desp Aprile verver disease- resulting JAMES I BOYD, M.D. August 12, 1960. Salar Street Str M. W. SHAMBERS CO. . - Blychfalls, Md. classes with the contraction

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9464 should be Reg. Dist. No cremetiar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE b. COUNTY MARYLAND CIPP OR TOWN (If putside corporate limits, write RURAL STAY INVID CIDKOR TOWN (If autside carporole limits, write RURAL and give nearest town) OF HOSPITALOR INSTITUTION (If hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DATE OF DEATH NAME OF Middle Month Day Year DECEASED (Type or print) 19 60 6. COLOR OR RACE MARRIED T NEVER MARRIED 9. AGE Ile years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? guring most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Pages Page S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address war or dates of service) Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) buriol-transit DUE TO Candilians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OS PERFORMED? NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and find that DIRECTOR: Accident Suicide , Homicide , Undetermined cause Ch. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O FUNERA **EXAMINER'S** DEPUTY MEDICAL EXAMINER Farward NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stale) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AllG 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			Ten John	

INTERVAL BETWEEN ONSET AND DEATH

Months

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e. IS RESIDENCE ON A FARM?

YES NO T

PERFORMED?

YES NO

(State)

Year

19 60

Rea. Dist. No

Pri. Geo.

6

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

Days

DATE SIGNED ADDRESS (Street, city or town, state)

N (City, tawn, or county)

24b. REGISTRAR'S SIGNATURE

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VR A1S (4) 15M 9/59

MARYLAND	STATE	DEP	ARTME	NI	OF	HE/	ALTH
IVISION OF STATISTICAL	RESEARCH	AND	RECORDS -		BALTIM	ORE	1, MARYLAND

9466 ee: Birth Cert. CERTIFICATE OF DEATH

09446

		A T					
1, PLACE OF DE	ATH		2. USUAL RESIDENCE a. STATE	(Where deceased live	h COUNTY		
Princ	ce Georges Count	MARYLAND	Ma	ryland	Р:	ri. Ge	0.
b. CITY OR TO	OWN (If outside corporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate I	imits, write RURA	L and give nea	arest town)
Cheve		3 hrs 15 Min	S	Seat Pleas	ant	30	
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, give UTION	street address)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
Prin	ce Georges Gener	al Hospital	1 908 Addi	son-Chapp	el Road		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Da	y Year
(Type or print	DELUY U	Hirl (B)	Everett	DEATH	Augus	st 6	19 60
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A			IF UNDER 24 HRS.
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doining most	or working me, even in terrico,		Cheverl	ly, Md.		U.	S.A.
13. FATHER'S NA	AME		14. MOTHER'S MAID	EN NAME	15 14 1 1	-4-11-0	
Da	nold Prove		Dor	is Everett			
15. WAS DECEA	nald Brown SEDEVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17.	NFORMANT	13 H(01000	Address		
(Yes, no, or unknown	(If yes, give war or dates of service	ce)					
IR CAUSE	OF DEATH [Enter only one cause	ner line for (a) (b) and (c) I		`		INT	ERVAL BETWEEN
Total Control	T I. DEATH WAS CAUSED BY:	D (0), (0), 8hd (0).	1 . 11	1920			SET AND DEATH
11	IMMEDIATE CAUSE (6)	Promoturely,	(aurable o	se breath,			
10	DUE TO	0.011					
	ns, if any, which) (b)_	allectores					
	stoting the under-						
lying cous							
Z PART		TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY
ATIC							PERFORMED?
VOLTANT OR CONTRI	ENT WAS LINDERLYING [] 201	b. DESCRIBE HOW INJURY OCCURR	FD. (Enter nature of injur	ry in Part I or Port II at	f item 1B.)		
OR CONTRI	ENT WAS UNDERLYING 201 BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)						
		20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home,	form 20f /Cib 1	awa!	1Caust 1	(Stote)
	o. m.		actory, street, office bldg.		awn)	(County)	(510le)
M M	p. m. 19	ot work ot wark			5-97		
21. I certi	fy that (I) (this haspital) o	attended the deceased fram.	Aug. 6	19_60, taA	ug. 6	. 1960h	nat (I) (we) last
		6 19 60 and that					
22a. SIGNA		20-1-					22b. DATE
	Thomas A. (two to	M.D. PHYS.	MED. ST	TAFF HYS.		SIGNED
22c. PHYSIC		A Charichan son M	224 4000566				
NAME		A. Christensen M.	D.	6905 Balt:			
	1 - 1 - 1 - 1				a Park M		7
28a. BURIAL, CR	Specify) 23b DATE THEREOF	23c NAME OF CEMERRY	OR CREMATORY	23d. LOCATION	(City, town, or co	ounty)	(Stote)
Mulygil	in 11/1/17	60 June Hea	1) (lo Man-97	my me	very	144	
24. FUNERAL DI	RECTOR'S SIGNATURE	ADDRESS	25a	REC'DEN REGISTRAR	25b REGISTRA	ARS SIGNATU	RE
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STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH . COUNTY eral director, Page ad for your files. RINCE GEORGES delay is necessary, of Health. FEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) LANHAM

d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) Board d. STREET ADDRESS . IS RESIDENCE ON A FARM? be refained State MRESLEY YES NO NAME OF Middle DECEASED OF "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the xaminer's Office along with form PM3. Page 5 may be re used as e burial-trensit permit. File pages 1 and 2 with the ion, or removal, and in any event within 72 hours after d 1960 (Type or print) DEATH MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) CAUCAS/ANWIDOWED F 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LECTRICAL CONST. GROUND MAN VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM H. FITZGERALD AAR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) WORLD WARD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause Examiner's DUE TO (e), steting the underlying cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION PERFORMED? base Execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be NO L 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While prior to et work n wooded et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A and in my opinion egent, death resulted from: Natural causes Accident Suicide L Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER . EXAMINER'S pinous NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. please 4 shou O PUI or its DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) D REMOVAL (Specify) 47260 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG arthur & Krous 5M 7/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be refured by the hospital or attending physicion.

TO FUNERAL CARECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbitations. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotion, or remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 9467

CERTIFICATE OF DEATH

119448 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Prin	nce George's	MARYLAND	2. USUAL RESIDENCE (WAS O. STATE Maryland	nere deceased lived. If institut b. COUNTY	tion: Residence be	
b. CITY OR TOWN (RURAL ond give n	If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write	RURAL and give n	earest tawn)
Cheverly	Md.	26 years	Cheverly	Md.	12	
OR INSTITUTION	TAL (If nat in haspital, give stree	et oddress)	d. STREET ADDRESS		3	e. IS RESIDENCE ON A FARM?
2604 Chev	verly avenue		2604 Cheve	erly avenue	-	YES NOX
3. NAME OF DECEASED (Type or print)	John	Raymond Raymond	Fletcher	4. DATE Mo OF DEATH Augu	inth st 27,	Day Year 19 60
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.
male	white wibov	WED DIVORCED	July 25, 190	60 yrs	Months Days	Hours Min.
106. USUAL OCCUPATION during most of war Judge	ON (Give kind of work done 10 king life, even if retired)	ince George's	STRY 11. BIRTHPLACE (Stote Co Washing	ar fareign country) ston D. C.	U S	A A
13. FATHER'S NAME		州王 月 一 人 丁	14. MOTHER'S MAIDEN N	NAME		
John	Langdon Flet	cher	Grace	Etta Fields		
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? [1] (If yes, give war or dates of service)		nma L Fletche		y Md	. 76.29
Conditions, if o gove rise to i cause (a), stating lying cause last.	the under-	Times & Brosching to Contributing to Death But	Redouna Air E Staff H I NOT RELATED TO THE TERMI	Leaniplegias	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
O (IF EITHER, NOTIFY	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.		INJURY OCCURRED 20e. Pl le Not while ark at wark	ACE OF INJURY (Home, farm ictary, street, affice bldg., etc	n, 20f. (City ar tawn)	(County	y) (State)
actual SIGNATURE		ased from Marth, and that death Junal M. D.	occurred at	M, fram the causes of ADDRESS (Street, city or town lensburg Rd.,	nd an the da n, state)	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	on, 226. Date thereof lug 30, 1960	Tt Lincoln (or CREMATORY Cemetery	22d. LOCATION (City, town, Colmar Mano		(State)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			Cultur &.	URE
F. Gasc	h's Sons Hva	ttsville. Mary	vland. DATE	AUG 3 1 '60	Cirlina D. 1	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSPITAL & ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h., after death. Page 4	may be red by the haspital ar attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	page 3 should be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Baord of Health prior to burial, crematian, or removal, and in any event within 72 haurs after death.	
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	o. COUNTY Pr	ince George	s	MARY		usual residence	(Where decear		f institutio	n: Residence			
	b. CITY OR TOWN (RURAL and give n Ch	If autside carporate limi earest tawn) everly	s, write	c. LENGTH OF STAY 2 days		c. CITY OR TOWN	(If autside car		s, write Rl	JRAL and g	ive nea	rest tow	n)
	d. NAME OF HOSPI	TAL (If not in hospital, g	11111		1	d. STREET ADDRES	S	house	Rd.			ON A	SIDENCE A FARM?
3.	NAME OF DECEASED (Type ar print)	Fir Baby	st	Middle Boy		Ford	4. DATE OF DEAT		Mani		21	у	Year 19 60
S.	Male	6. COLOR OR RACE	7. MARR	ED NEVER MARRI	-	19 Aug 19	60	9. AGE last b	(In years irthday) yrs.	Manths 2	Days	IF UND Haurs	ER 24 HRS. Min.
100	USUAL OCCUPATION of war None	ON (Give kind af wark of king life, even if retired)	lane 10b.	KIND OF BUSINESS C	R INDUSTR	Y 11. BIRTHPLACE (S		country)			U.S		COUNTRY?
13.	FATHER'S NAME	Nelson H	For	ď		14. MOTHER'S MAIDI	et Med	lev					
	WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war ar dates of s	CES? 16.	SOCIAL SECURITY NO). 17. INFO		Sa		Addr	ess			
	PART I. DE/ 776 X Canditians, if a gave rise to cause (a), stating lying cause last.	the <u>under-</u> DUE TO	, F	remati	iret	8					ONS	ET AND	ETWEEN DEATH
CERTIFICATION		HER SIGNIFICANT CON								EN IN PART	[1(a) 15	PERFO	AUTOPSY DRMED?
-	OR CONTRIBUTING	AS UNDERLYING CONTROL		CRIBE HOW INJURY O	20e. PLAC	E OF INJURY (Home,	farm, 20f. (C	Part II af ite		(C	Caunty)		(State)
MEDICA	Haur a.m. p. m.	19	While at war			ry, street, affice bldg.		Nu	_ 71		(2.1		
	saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S	www. Tu	lu	21_19 <i>66</i> , and	from C	ATTENDING	MED. DIRECTOR	m the ca		d on the	date	stated 22	2b. DATE SIGNED
22	NAME (Type)	Dr. John		23c. NAME OF CEM	ETERY OR (CATION (Cit			UU SV		
L	REMOVAL (Specify Cranation	824		Prince Ge		Gen. Hos	p. Che	everly	,	MARYI			110)
24	FUNERAL DIRECTOR	S SIGNATURE	-(/	Harry W.			SEP 7	'60		strar's sig			

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	cheverly	outside corporate limits, writ	e RURAL	D. O. A.	N 1b	c. CITY OR TO			porote limits, write				
		at or institution (ospital, give street address 1 Hospital)	5901 6		Aven	ue			ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Frieda	st	Middle Hedwig		Frank	e	4. DATE OF DEATH	Month August		Day 30.		ear 9 60
	Female	6. COLOR OR RACE White	7. MARR	ED DIVORCED	- 3	DATE OF BIRTH	872		9. AGE (In years plast birthday) yrs.	IF UNDER 1			
F	during most of working tousewife	ON (Give kind of working life, even if retired)	-	wn Home	NDUSTR	Ger	mar	ıy	country)	-		what	COUNTRY
13.	. FATHER'S NAME T	ruettott W	oohle	gemut		14. MOTHER'S MA			mmhod				
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NO	Conditions, if a gave rise to immed (a), stoting the cause last.	diate cause underlying DUE TO	2	rebral deneral erebral CONTRIBUTING TO DEATH	a BUT N	es a soler OT RELATED TO THE	Le J	erio NAL DISEAS	Salera E CONDITION GIV	EN IN PART	y	AND DE	2 AUTOPSY
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MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	Whi		e. PLAC	E OF INJURY (Honry, street, office blo	ne, form	20f. (City	or town)	(Cour	nty)		(Stote)
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23.	F. Gasch		Ну	ADDRESS rattsville, A	Mary		ATE S	BY REGIST		TRAR'S SIGN			

VS. A15ME(5) 5M 9/55

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	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	1. PLACE OF DEATH o. COUNTY	Prince Geor	rge's	MARY	LAND	2. USUAL I o. STATE	Maryla	here decease	d lived. If instituti b. COUNTY	on: Residence Pro Ge	before odmi	ision) S
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	220. BURHAL, CREMATIO REMOVAL (Specify) Burial		-	c. NAME OF CEM				-	ATION (City, town, ar Manor		(Sto	ote)
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. crematian 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c...CITY-OI NOWN (If postside corporate limits, write RURAL and give nearest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Gemin YES NOW NAME OF DECEASED First Middle DATE Lost Month Day Year (Type or print) DEATH 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF last birthday! Months Days Hours Min. WIDOWED M DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ducing most of working life, even if retired) CETIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages S Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File Give PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost. o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY o PERFORMED? YES | NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Ехаш pluous MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, i 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While g. m. Not while at work of work p. m. Medi 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and find that DIRECTOR: death resulted from: Natural couses V Accident | Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S FUNER DEPUTY MEDICAL EXAMINER NAME (Type) cute the grward 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) arthur S. Haus DATE ANG 2 9 '60 SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09453

	1. PLACE OF DEATH o. COUNTY	rince Georg	res	MARY	LAND	2. USUAL o. STAT	F _	Where decease	d lived. If instituti b. COUNTY	on: Resider	nce befor	re admiss	ion) /
		f outside corporate lim				- CITY			prote limits, write R	LLDAL			
	RURAL ond give ne Glenn Dale	earest town)	113, WEII	22 days		c. CIII		ashingt		4-	7	Nesi Iowi	-3
1	. d NAME OF HOSPIT	At (If not in hospital of	give stre	eet oddress)		d. STR	EET ADDRESS					e. IS RES	FARM?
	Glenn I	Dale Hospit	al				6	25 K. S	t., S. E	•			NO 🔀
	3. NAME OF DECEASED	Fi	rst	Middle			Last	4. DATE OF	Mor	oth	Da	,	Yeor
	(Type or print)	N.	ary	-			een	DEATH	8		17		1960
	S. SEX	6. COLOR OR RACE	7. M	ARRIED NEVER MARRI	ED B.	DATE OF	BIRTH	THE S	9. AGE (In years lost birthdoy)	Months	Doys	Hours	R 24 HRS.
	Female	Negro	WIDO	Unknown DIVORCE	8 🗆 0	/25/	1853?		106? yrs.		Doys	Hours	Min.
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1	13. FATHER'S NAME					14. MOTI	HER'S MAIDEN	NAME					
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	1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES?	16. SOCIAL SECURITY NO). 17, INFO	DRMANT		La little	Add Add	ress	בת	C	ъ
	No	yes, give war or doles or	iel vice)		Min	riel	Marsha	a]]	2550 St	anton	Ra.	, 5.	E.,
	18. CAUSE OF DEA	TH [Enter only one co	use pe	r line for (o), (b), and (c).					Washing	ton,	INTE	RVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary embolism							ONS	l day				
	11.00	DUE TO		THOUSTA SHOO)IISM						-	L COL	7
	Conditions, if ony, which gove rise to immediate (b) Phlebothrombosis, left leg, amputation stump							-	L wee	eĸ			
	couse (o), stoting	couse (o), stoting the under-											
	lying couse lost.) (0	/	eptic gangre								unk.	
	PART II. OTH			S CONTRIBUTING TO DE	ATH BUT N	OT RELATI	ED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	VEN IN PAR	RT 1(o) 1	9. WAS PERFO	RMED?
	3 Arterios	sclerotic h	lear	t disease								YES 🔄	NO
	OR CONTRIBUTING												
	WEDICAL HOUR OF INJUR HOUR O. m.	Y Month, Doy, Ye	or 20c	. INJURY OCCURRED				orm, 20f. (Cit)	y or town)	(County)		(Stote)
	Hour o.m.	19		nile Not while	focto	ry, street,	office bldg.,	etc.)					
					. 7	1061	(0		9/17/60				
		21. I certify that (I) (this haspital) attended the deceased from 7/26/60 1:00 1. ta 8/17/60 that (I) (we) last											
	saw the deceas	ed alive on 0/	T(\)	60 =19, and	that de	ath occi	urred at	M, fram	the causes ar	nd an th	e date		
	22a. SIGNATURE	1111111	A.	.1/		ATTEN	NDING _	MED.	STAFF			228	SIGNED
		MILLIA	W		M.	D. PHYS.		DIRECTOR DE			600	8/1	7/60
	22c. PHYSICIAN'S NAME (Type)	Maa 77a	•	W D		22d. A	ADDRESS		Dale Hos		1		
		Moe we	155	, M. D.				Glenn	Dale, Mo	d.			
	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF/	23c. NAME OF CEM	ETERY OR	CREMATO	RY	23d. LOCA	TION (City, town,	or county)		(Stot	e)
	REMOVAL (Specify)	8/14	16	0			1	Was	shington	. D.	C.		
	24. FUNERAL DIRECTOR'	S SIGNATURE		ADDRESS 4C	SAV	EN	250. RI	EC'D BY REGIS	TRAR 25h REGI	STRAR'S SI	GNATU	RE	VH-
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9542 CERTIFICATE OF DEATH Reg. Dill No.454 director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write d. LENGTH OF STAY IN 16 c. CITY OR TOWN (Moutside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) P e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO IZ NAME OF 4. DATE Middle Lost Manth Year DECEASED fille (Type or print) 1aur DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days DIVORCED WIDOWED cample papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) pup alve pour after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Car remave haurs 6. SOCIAL SECURITY NO. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES?. (If yes, give wor or dates of service) attending edse 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which signed gave rise to immediate **DUE TO** couse (a), stating the underand lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART. (10) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a. m. While Not while at wark at wark 21. I certify that I attended the deceased fram 1967 that I last saw the deceased and that death accurred at the M. fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL pe prior 3 shauld PHYSICIAN'S NAME (Type 22b. DATE THEREOF 22d. LOCATION (City) town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) '60 arthur & Kraus DATE 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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. IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

Year

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

18

(County)

Prince George Meryland enically see .A.O.C Prince Georges! Cen Legorial 1204 48th Ave Sayrond Valentine MAINES 7-111 Male Unite terms of description 27,1882 78 althuritoo de doiminaile 7735.8.1 TARIBYAD Richard F. Crimes Unknern None - Mrs Ruth Griden ecos es # CONSTRUCTION DESCRIPTIONS Cardioveculer renel disease Anget 18, 1960 Town I asnay a Boyd Marie in a company of the second of the seco

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1. OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within 24 pours after de		VERAL DIRECTOR : After this certificate has been signed by the attending physician and completely filled in by the fund	3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should	
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9543 CERTIFICATE OF DEATH Reg. Dist. No. 256					
n. Page 4 I director, filed with	(M)	1. PLACE OF DEATH Prince George's County Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) Moryland Maryland COUNTY Pr. Geo's. Co.					
after death. the funeral should be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Temple Hill, Maryland 25 Yrs c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Temple Hill, Maryland					
4 by Gr	X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) 5400— Fisher Road S.E. d. STREET ADDRESS 5400— Fisher Road S.E. 6. IS RESIDENCE ON A FARM? YEAR NO					
ithin 24 b.5; ely filled in Pages 1 an		3. NAME OF DECEASED (Type or print) MARY E. HABEEB 4. DATE Month Day Year OF DEATH August 28th 1960					
ed within		S. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH SIGN DIVORCED 18. DATE OF BIRTH SIGN DIVORCED 19. AGE (In yeors lost birthdoy) Sign					
and carr ban pap		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Domestic Lebanon. 12.CITIZEN OF WHAT COUNTRY? USA					
9 5 24		Ayout Asmar 14. Mother's Maiden Name Frusina Haber Frusina Haber 15. Frusina Haber 16. Mother's Maiden Name Frusina Haber Frusin					
attending physician n please remaye car	(1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes. no. or unknown) (If yes. give wor or dates of service) Naseef E. Habeeb, Same as #2.					
requires that the death certificate on signed by the attending physicia is given by the attending physician is given permits. Then please remove and in one seem of the physician of the physicia	nd in any event within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO (c) (c) (d) (d), and (c).] INTERVAL BETWEEN ONSET AND DEATH					
The law g physici has bee	, in the second	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)					
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dined by the haspite EAL DIRECTOR: After the should be detached for should be detached for the purity to purity to buring the standard of the	rar priar to burial, crem	21. I certify that I attended the deceased fram any 1960, to any 22 , 1960, that I last saw the deceased alive on any 28 (7 ^{AM}), 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and that death accurred at 3 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE December 1960, and the date stated above. ACTUAL SIGNATURE DECEMBER 1960, and the date stated above. ACTUAL SIGNATURE DECEMBER 196					
TO HOSP may b TO FUNEN page 3		220. BURIAL, CREMATION, PERMOVAL (Specify) Aug. 31st. 1960 Cedar Hill Cometery Suitland, Maryland (Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) 15M 9/5B 23. FUNERAL DIRECTOR'S SIGNATURE Washington, D.C. 24o. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 3 0 '60 Ciclian & Home							

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after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9515 CERTIFICATE OF DEATH

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1. PLACE OF DEATH

in the funeral directar, ond 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs may be referred by the hospital are ottending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 fours after death.

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PLACE OF DEATH		VOM 0 - 12111-E	2. USUAL RESIDENCE (W			e before admission)	
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d. NAME OF HOSPI	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	ILLN I WY	tu 1)	e. IS RESIDENCE	
OR INSTITUTION			1.75	0H 11 Au	TH40.15	ON A FARM?	
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NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day 'ear	
(Type or print)	MARY	ELIZABE	H HALL	DEATH	Hugust	26 196	
. SEX	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (rthdoy) Monthe	YEAR IF UNDER 24 HE Doys Hours Min.	
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B. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
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OR CONTRIBUTING	MEDICAL EXAMINER)						
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Hour o. m.	While	Not while	foctory, street, office bldg., et	c.)	10	ounty) (Sto	
p. m.	19 of wor	k ot work					
21. I certify that (I) (this hospital) attended the deceased fram							
saw the decea	sed alive on Celly 26	1960, and the	t death accurred as	M. from the equ			
220. SIGNATURE 22b. DATE							
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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09459 CERTIFICATE OF DEATH Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) the funeral arrests shauld be filed a. COUNTY STATE b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If autside corporate limits, write RURAL and give neares) town) RURAL and give nearest town trato relle within 24 haurs after d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO M NAME OF FIRS. 4. DATE Manth Day Year completely filled OF DEATH (Type or print) 1960 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years hday) Months Days Hours Min. WIDOWED | DIVORCED [YES. 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician that the death certificate hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 72 aftending please within CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LIFE. DUE TO duy Conditions, if any, which gave rise to immediate DUE TO cause (a), slating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Hour factory, street, affice bldg., etc.) 0. 11. While Not while 19 p. m. at work at work 21. I certify that I attended the deceased from 19<u>60</u> that I last saw the deceased alive an and that death/occurred at -AM, from the causes and on the date stated above ed by the RECTOR: ADDRESS (Street, city or tawn, state) ACTUAL pe SIGNATURE PHYSICIANIS registrar NAME (Type FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) Keliona NULCE 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Averdale, Md. VS A15 (4) DATE AUG 3 0 '60 Orthur S. Henry HOME FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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9445 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NAME OF Middle 4. DATE Month OF (Type or print) 9. AGE (le years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IFUNDER TYEAR Months WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME with 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE A While Not while of work at work 21. I certify that I took charge of the remains described above, deoth resulted from: Natural couses Accident ACTUAL **EXAMINER'S** NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE REMOVAL (Specify) ORT 8 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS. A15ME(5) 1300 - N 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Pri	nce Geor	ges	- MA	RYLAND	2. USUAL RESI	Md.		d lived. If instituti b. COUNTY			ssion) eorge
b. CITY OR TOWN (If RUBAL and give ne Hyattsv	outside corporate limi acest town) 11116	its, write	c. LENGTH OF ST		III and the second	TOWN (If o		orote limits, write R	URAL ond give	e nearest tov	vn)
d. NAME OF HOSPITA	at (If not in hospital, on the Avenuary	give street	address)		d. STREET /	ADDRESS	Ave	nue		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Myra	st	J. Mid		rndon	st	4. DATE OF DEATH	Augu		19	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARR		RRIED [B. DATE OF BIRT	0,187	73	9. AGE (In years los brithdoy) yrs.		YEAR IF UNI	
10a. USUAL OCCUPATIO during most of work Housewill	ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	JSTRY 11. BIRTHP	Virgi		country)		U.S.	
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FOR STATE aneral director. Page files. Health, delay is necessary, for your I Boar retained State 2 with the uld be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be repurial-transit permit. File pages 1 and 2 with the oval, and in any event within 22 hours after d Office along with burial-transit permi 0 Geute the certificate, writing the word "pending' be forwarded to the Chief Medical Examiner's 95 or be used a cremati pinous should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho £40 VS. A15ME

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CERTIFICATION

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4040 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY e. STATI Columbia Prince Georges District OI MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neares) town) write RURAL end give neerest town) Glass Manor Washington Transient d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 829 316 Reseld Ct. (In front Quincey S YES NO TX NAME OF Middle Last DATE Month Day DECEASED OF (Type or print) HINES 18 19 60 Francis DEATH Leo Aug 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Min. Male WIDOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired W. Va. Mail Carrier U.S.A. MARK KAKA B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hines Margaret E. Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordetesofservice) Personal Papers 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY ACCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour a.m. While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry death resulted from: Suicide Homicide Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 19/60 NAME (Type) ames Address (Street, city, town, or county) 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 24

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY ? b. COUNTY Pri. Geo. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Riverdale ORANSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? - 61st Avenue YES T NO T NAME OF DATE Middle Month Day Year DECEASED (Type or print) DEATH 19/00 5. SEX 7. MARRIED NEVER MARRIED 9. AGE Solyeon 6. COLOR OR RACE DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220 18. CAUSE OF DEATH Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 90 CERTIFICATION PERFORMED? NO N YES | 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 3 shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) o the Chief Medical DIRECTOR: Page 3 s While Not while at work G. 70 p. m. 21. I certify that I taak charge af the remains described above, held an Autapsy ... Inspection M. Inquiry , and find that death resulted from: Natural causes Accident , Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER TO FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S farwarde cute the DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) Lincoln Carry ADDRESS 23, FUNERAL DIRECTOR'S SIGNATURE 240. DEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SEP 2 arthur S. Kraus '60 DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY director. Page Prince George's Marvland Anarundel MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cheverly 0210.2 D. O. A. East Port Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE for ON A FARM? George's General Hospital 323 First Street YES NO DATE Month DECEASED OF 2 with the in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reburial-transit permit. File pages 1 and 2 with the moval, and in any event-within 72 hours after d (Type or print) Irvin Gordon Hutchi son DEATH August 60 6. COLOR OR RACE 7. MARRIED EVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Agriculture Virginia U. S. A. B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hutchison Lthel Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes, no, or unkown) (If yes give wer or dates of service WWII Mrs Beverly Hutchison. same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO Compound fracture of the skull. fracture geve rise to immediate cause "pending" DUE TO Of both tibias and fibulas, fracture of right Medical Examiner's (a), steting the undarlying radius and ulner cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part ii of item 18.) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. about feet from a ladder 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, : 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) Building While Not While at work 8/12/60 Beltsville Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3. Inquiry T. death resulted from: Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8/12/60 DEPUTY MEDICAL EXAMINER James I. Boyd NAME (Type) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CIMETERY OR CREMATORY REMOVAL (Specify) 40 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

09466

	14/4		CERTI	FICAI	E OF DEA						
1. PLACE OF DEATH o. COUNTY			MAR	YLAND	2. USUAL RESIDENCE o. STATE		ased lived, If i	nstitution: Re	sidence befo	are admission)	
	Prince Geor					rland		Prin	ce Geo	orge's	
B. CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town)	is, write c.	LENGTH OF STAT	YINIB	c. CITY OR TOWN	(If autside co	rporote limits,	write RURAL	ond give ned	arest tawn)	
	Cheverly	1	6 hrs		66 East		rdale				
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street odd	ress)		d. STREET ADDRES					e. IS RESIDE	NCE RM?
	George's Ge	neral I	Hospital		5603	Longi	ellow	St.		YES N	OV
3. NAME OF DECEASED (Type or print)	Fir Bab		Middl G irl	e	Lost Hynson	4. DAT		Month Aug	16		
5. SEX	6. COLOR OR RACE	-	☐ NEVER MARR	BIED X 8	DATE OF BIRTH		9. AGE (In		NDER 1 YEAR	IF UNDER 2	_
Female	White	WIDOWED [_	36 400000	1060	lost birt	yrs. Mon	ths Doys	Hours	Min.
					16 August	L 1900	n country)		CITIZENIO	F WHAT COU	NITPY
None 3. FATHER'S NAME Richer	ON (Give kind af wark ok king life, even if retired	vnson_			14. MOTHER'S MAID	rege	ma	-•	-		
(Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOC	CIAL SECURITY N	O. 17. INF	ORMANT			Address			
					Moth	er San	ne				
18. CAUSE OF DE	ATH [Enter only one co	use per line fe	or (o), (b), and (c).] + ,					INT	ERVAL BETW	EEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	im	matur	n, + c	,				014.	SEI AND DE	AIII
761.	5 DUE TO	0				. /		1.1	200		
Ganditions, if a gave rise to i couse (a), stoting	mmediate (rre.	m 707 U	LG X	Upture !	nemb	rane T	Kabe	~		
lying cause lost.	(c	Inc	ompet	30+	Cervi	X					
PART II. OT	HER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO D	EATH BUT N	IOT RELATED TO THE T	ERMINAL DISE	EASE CONDITION	ON GIVEN IN	PART 1(a)	19. WAS AUT PERFORMI YES N	EDS
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY	OCCURRED.	(Enter nature of injur	y in Part I ar	Port II of item	18.)			
20c. TIME OF INJUI Haur a.m. p.m.	RY Month, Day, Ye	While _	Not while at work	20e. PLA	CE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (0 , etc.)	City or town)		(Caunty)		(Stote
	at (I) (this haspital sed alive on Au	2. 15 Dh	19_60 and	d that de	ath accurred at ATTENDING PHYS. 22d. ADDRESS 4500	MED. DIRECTOR	m the caus	es and ar	the date	e stated al 22b.D. SI	ATE IGNE
23a. BURIAL, CREMATIO	ON, 23b. DATE THEREG		M. D.	METERY OR	CREMATORY		CATION (City,			(State)	
Burial 24 FUNERAL DIRECTOR Malley T	8/17/	ene	ADDRESS R	vel ain	Completed 25g erms DATE	REC'D BY REC AUG 1	GISTRAR 256	REGISTRAR Aúl	'S SIGNATU		
20077	201 XX	ic, x	VO								

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e. IS RESIDENCE ON A FARM?

YES INO TH

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NOX

(Stote)

Md.

DATE SIGNED

8/21/60

(Stote)

YES |

U.S.A.

1960

Min.

Day

21

as

(County)

P.G.

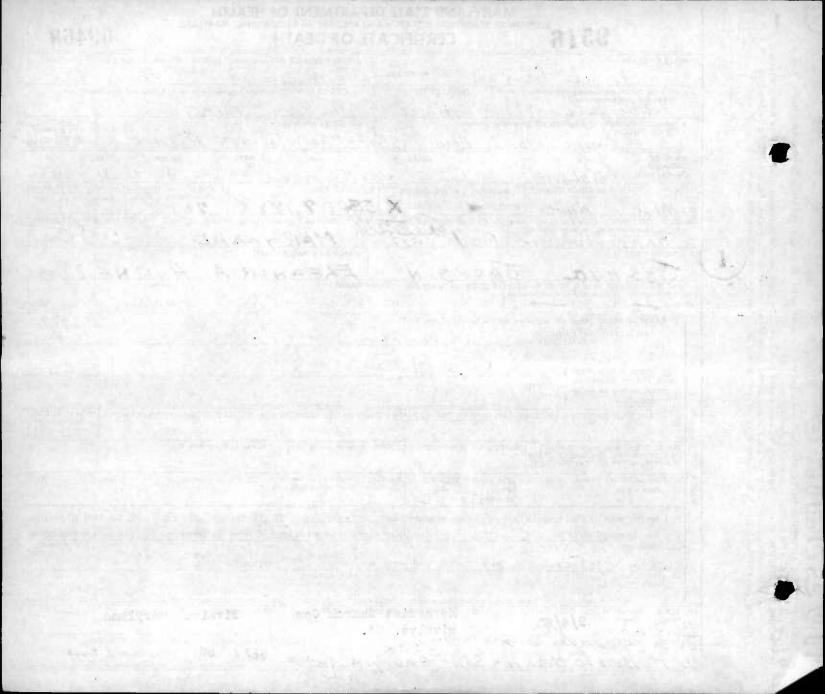
Married Control of the Control of th to a section of the section of THE RESERVE AND A PROPERTY.

9516 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 09468

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY Prince George MARYLAND	o. STATE Mary Land b. COUNTY Prince Geo
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL end give nearest town) Rivertale Md. 14 hrs.	1 Takoma Pack
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Eugene Leland Mem. Hosp	7207 garland Avenue ON A FARM? YES NO E
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
OECEASED (Type or print) Rolans/	2cKson DEATH 8 - 3/ 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	SEPT 9, 1888 lost birthdoy) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Railroad Worker RAIROAD	MARYLAND QSC
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 JESHUR JACKSON	ELEANOR A, HORNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
(17 yes, give wor or odies or service)	Patient's Chart Leland Mem. Hosi
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	
Conditions if any which	6200
gove rise to immediate	
couse (o), stoting the under-	The state of the s
, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OI V	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. Letter totale of stillery in total of the total total
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o. m. While Not while fo	ctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that (1) (this haspital) attended the deceased fram	And the second s
saw the deceased alive an 1960 and that a	death accurred at M, fram the causes and an the date stated above.
220. SIGNATURE	22b. DATE
Mayo Dolgran	M.D. PHYS. MED. STAFF PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NME TAGETTER C	CHATACHY Cem 23d. LOBY VAICIVe town Marchy land (Stote)
REMODIAL (Specify)	de
ADDRESS 1932	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
IN K HUNTEMANN & SON GEORS	SEP 2 '60 aring 8. Knows
	NIW



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIN	10RE, 18

9548

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CERTIFICATE OF DEATH

09469

0010	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE COUNTY
PRINICE GEORGES MARYLAND	in ARULAND b. COUNTY Georges
b. CITY OR TOWN (If outside corporate limits, write. c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CAMP SPRINGS (RURAL) 3 HOURS	XWAShinigton 22 DC (RURAL)
OR INSTITUTION USAF ASSAILAR ANURUMS	13701 SWAN HARbOUR ROAD. VES NO NO
3. NAME OF DECEASED (Type or print) ARCHIE First Middle	JOHNSON 4. DATE Month Day Year OF DEATH AUGUST, 29 1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE CAUC WIDOWED DIVORCED	9 JAN 1923 Stricthdoy) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ARCHIE WESLEY JOHNSON	TheLMA WALBRIDGE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) TRESENT	RECORDS Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: Civile bus	yo lundeal process - ONSET AND DEATH
DUE TO	(1) 1/1 / 1) = 10 = 10
Conditions, if any, which gove rise to immediate (b)	eluote trast fister 3ms
couse (o), stoting the under-	
Z lying cause lost. (c)	
DILL MONADY EDENMA	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PULMONARY EDEMA	YES ♣ NO ☐
OR CONTRIBUTING CAUSE OF DEATH	CD. (Enter notice of injuly in Fort For Fort in the new 18.)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. While of work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from 28 AUGU	ST , 1960, to 29 AUGUST , 1960 , that I last saw the deceased
	th occurred at 1:4-1.2M, fram the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE & fung & - Wasterna	M.D. USAF HOSPITAL ANDREWS 29 AUGUST 1960
PHYSICIAN'S EDWIN E WESTURA CAPT USAF MC	USAF HOSP ANDREWS ANDREWS AFB WASH 25 DC
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	

CERTIFICATE OF DEATH THE RESERVE OF THE OWN DATE OF THE PROPERTY OF THE PARTY THE THE ASSESSMENT OF THE WAY AND A STATE OF THE PARTY OF So the second expenses are produced they are a second restaurant of the second second

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be read by the haspital or attending physician.

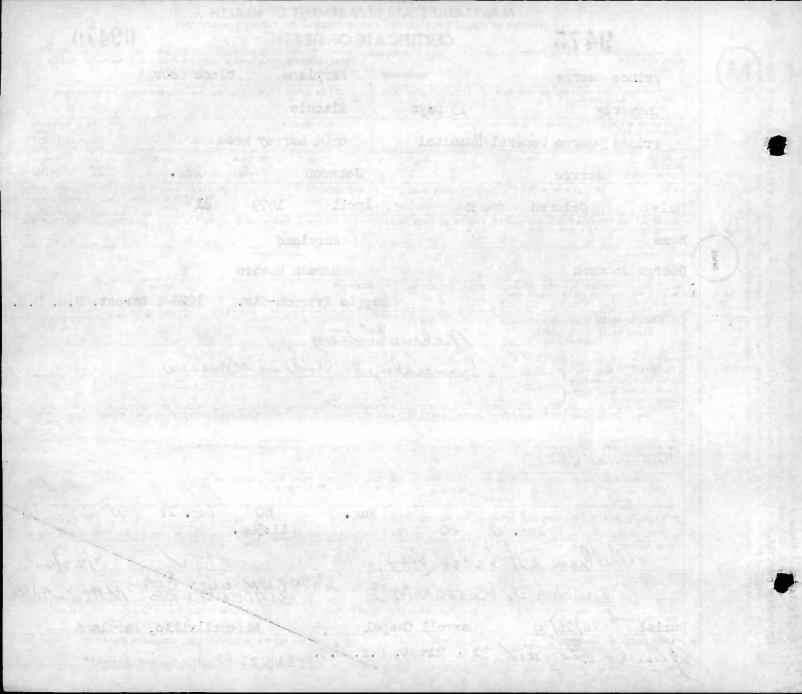
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in my, the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed-with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	94(1)		CERTIFIC	CAIL	OF DEA	AIH		(1.9	46	U	
1. PLACE OF DEATH a. COUNTY. Prince	George		MARYLA		o. Maryla		rince COO		e befare	admissio	an)
b. CITY OR TOWN RURAL and give to Chever		ts, write	c. LENGTH OF STAY IN	1 16	Ritchie		porate limits, write f	RURAL and g	ive near	est tawn)	
d. NAME OF HOSPI OR INSTITUTION Prince	George Gen		4.4		d. STREET ADDR	arcey Ro	ad		e.	IS RESII	FARM?
3. NAME OF DECEASED (Type or print)	George	st	Middle	J	ohnson	4. DATE OF DEAT	A	nth	Day 22		960
s. sex Male	Colored	WIDOWI		Ap	ATE OF BIRTH	1879	9. AGE (In years last birthday)	Manths	YEAR I Days	F UNDER Haurs	R 24 HR Min.
None None	ON (Give kind af wark or rking life, even if retired	dane 10b.	KIND OF BUSINESS OR		Maryla	and	country)	12. CITIZ	EN OF V	WHATCO	DUNTRY
George Jo	hnson			14	Serena	Howard					
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFOR	mant ie Ivers	son-Sis.		dress G Stre	et,	N.E.	. D.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne far (a), (b), and (c).]	tri	tron				INTER	VAL BET T AND I	WEEN
Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO)	General	lujed	Qui	tenose	Perses				
PART II. OT			CONTRIBUTING TO DEAT	H_BUT NOT	RELATED TO TH	ETERMINAL DISE	ASE CONDITION GI	VEN IN PART		WAS A PERFOR	SWEDS
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature af inj	jury in Part I ar F	Part II of item 18.)				
ZOc. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yes	20d. II While at war	Nat while		OF INJURY (Ham street, affice bld	ne, farm, 20f. (C ig., etc.)	ity ar tawn)	(C	ounty)		(State
	ot (I) (this hospitol		ded the deceosed fr		s • 9 h accurred o	1960 to	h the couses of	/ 17		it (I) (w stoted	ve) los above
22a. SIGNATURE	Wham Z	K	ssen Att) M.D.	ATTENDING PHYS.	MED. DIRECTOR	_ STAFF/		8/	23/	DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	WILLIAM	D, F	ROSSON M	10	5300	BLADE	BUSBUR R	GAD A	LAT	RYL	AN
23a. BURIAL, CREMATI REMOVAL (Specify Burial		F	Carroll Ch		EMATORY		chellvill		ylan	(State)
24. FOVERAL DIRECTO	Down	it_	30 H Street,	N.E.	DC	a. REC'D BY REG	ISTRAR 2Sb. REG	ISTRAR'S SIG	NATURE		



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page the funeral director, Pages I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ham ye be received by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9549 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

09471 Reg. Dist. No.

o. COUNTY	Prince George	MARYLAN	o. STATE	DENCE (Where decease Maryland	ed lived. If institution b. COUNTY	**	
h CITY OF TOWI	N (If outside corporate limits, write	c. LENGTH OF STAY IN		OWN (If outside corp	anata limita vusita P	Pr. G	
RURAL ond give Bradbury	e nearest town)	13 yrs.		Bradbury He		UKAL ONG GIVE I	nearest town)
d. NAME OF HOS	SPITAL (If not in hospital, give stre	eet oddress)	d. STREET A	DDRESS		7-17	e. IS RESIDENCE ON A FARM?
480	9VSt., S.E.		480	9VSt.,	S.E.		YES NO
. NAME OF	First	Middle	Las		Mon	dh _ [Day Year
(Type or print)	JUDITH	E.	JOHNS	ON DEATH	August	t 6th	1960
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED			9. AGE (In years		AR IF UNDER 24 HRS
Female	4.91 4.4	WED DIVORCED	_	2, 1894	lost birthdoy)	Months Days	
	ATION (Give kind of work done 10					12 CITIZENI	OF WHAT COUNTRY
during most of v	working life, even if retired)	DO. KIND OF BUSINESS OK II	TI. DIKITILE		,,		
Housew	li'e		1	Pa.		US	iA .
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
A	ndrew Gustof			Edla K.	Johnson		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		Add	ress	
			Janet M. J	Johnson 48	309V S	st., S.	E.
18. CAUSE OF	DEATH [Enter only one couse per	r line fee (o), (b), and (c).]				l IN	TERVAL BETWEEN
PART I. I	DEATH WAS CAUSED BY:	Congress	METAST	acil Va	9	O	NSET AND DEATH
10	IMMEDIATE CAUSE (o) DUE TO	1	1.6.11.1311	13.4			1 -01.63
1 6		HOENO GARR	in Anna co	Lane			Buch
Conditions, i	immediate	THUERO GARE	10100000	- Money	7		or 72 ms
couse (a), stati							
lying cause la		o controlling to print	DUT NOT BELLTON TO	THE TERMINAL DISEA	es completion on	451 4 10 4 B 4 BY 14 1	TIO WAS AUTORSY
PART II.	OTHER SIGNIFICANT CONDITION			META THE		EN IN PAKI I(0)	PERFORMED?
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH (IFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture o	f injury in Port I or Po	rt II of item 1B.)		
Y 20c. TIME OF IN Hour o.	m. 10 Wh		PLACE OF INJURY (foctory, street, office	Home, form, 20f. (Cite bldg., etc.)	y or town)	(Count	ry) (Stote
21. I certify	that I attended the dece	ased fram	1956	to aug.	6 1960	that I last so	aw the deceased
alive an	8/6 19						
0		2 60 , and that de	diri occorred de	ADDRESS (Street, city or town,	state)	DATE SIGNE
ACTUAL	Thu 1000			Bowen Rd.			
SIGNATURE	VI FINAN) Week		M.D	, Dowell Itu.	ou masi	10 100 0	2=1=00
PHYSICIAN'S NAME (Type)	Thomas F. Cul	llen	4400	Bowen Rd.	, SE Was	sh. DC	
	TION, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOC/	ATION (City, town,	or county)	(Stote)
REMOVAL (Spec	Aug. 9, 1960	O Cedar Hill	Cemeterv	Sui	tland. Ma	arvland	
23. FONERAL DIRECT	OP'S SIGNIATURE	ADDRECC		240. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAT	
dimmor	to knos Was	-Good Hope Rd.	, SE	DATE AUG 9	'60 C	thun S. H	round
	11000			I THE REAL PROPERTY AND ADDRESS OF THE PERTY ADD			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUNGE BEDKERS FOR BURNEY FOR FEE BERTHUNDINE PUBLIC LEGICAL FRUITS ALL WARDENING THE REPORT OF THE PROPERTY AND THE PROPERTY OF LINELAR EDITOR KENIZON EN HILL STE The second secon CHARLES ALKEDIANIC TARRAMETAR & 55 NO YOUR HOUSE MEDITION TO THE STORY TO SEE THE STORY OF T MERCHAN FELLE CONSERVE FOR SUME SHAW EN E SHOUSENED IN SERVEY IN THE SERVEY OF TH THE SERVICE STREET SERVICES SERVICES SERVICES SERVICES SERVICES E. R. A. Leo Schwentelm B. Com Kerer J. Arkarsas the Hunt I forced How the Holder Julia was made one MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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is necessery, rai director. Pege I for your files. Board of Health,

FOR STATE HEALTH DEPT.

TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal direction of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effer death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 4 / 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARYLAND 09474

a. COUNTY	. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
PRINCE GEORGE'S MARYLAND	B. STATE B. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
CHEVERLY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	WASHINGTON, D.C
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
PRINCE GEORGE'S GEN HOSPITAL	920 F ST. N.W. 4 1 YES NO 1X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) EDWIN P. LANG	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. E	PATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE CAUCASIAN WIDOWED DIVORCED X A	UG- 15 1901 58 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CLERK PARKSIDE HOTEL	ILLINOIS U.S.A.
13. FATHER'S NAME	. MOTHER'S MAIDEN NAME
OSCAR G LANGE	HELEN E HOFFMANN ENDERS
	BARBARA BITTNER 6424 FAIRBANKSS
NO	CARROLLTON, MIN
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occluseon
DUE TO C	0
Conditions, if any, which (b) (orongly	heart disease
geve rise to immediate cause Authority DUE TO	
cause last. (c)	
	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
•	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CO	
	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work at work	streat, office bldg., etc.)
21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes V, Accident , Suicide	
	CHIEF MEDICAL EXAMINER
ACTUAL COMPANY LAND	ACCICTANT MEDICAL EVANINED T
~ 10/	M.D. DEPUTY MEDICAL EXAMINER TO
EXAMINÉR'S AMPS () OUD	Address (Street, city, town, or county)
228. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER OR CR	
burial 8/13/60 Ft. Lincoln	Cemetery Prince George, Md.
23. FUNERAL DIRECTOR 2901 ADDREST St. N	W . 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington 9, D.	C. DATE AUG 12'60 Cathur S. Kraus

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VS. A15ME(5) 5M 9/55

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	o. COUNTY LO SLEAD US MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY
ŀ	b. CITY OR TOWN (If outside corporate limits, well RURAL C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If guitaide corporate limits, write RURAL and give nearest town)
	my Korner DOA	mt Ramer 41
ľ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
	3330 Buchanon St.	33 30 Buchman ON A FARM?
1	NAME OF (Lydia) First Middle	Last 4. DATE Month Day Year
	(Type or print) LYBIA HNNLE.	SCALLETT DEATH OUG 31 1960
ı,	7	DATE OF BIRTH 1871 9. AGE A years IF UNDER 1 YEAR IF UNDER 24 HRS.
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1	Simon Peter Eves	14. MOTHER'S MAIDEN NAME
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	Yes, no, or unknown { If yes, give wor or dates of service}	NFORMANT She Address O Bushon
	no no The	oncos Sprikle mt Romen
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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	Conditions, if ony, which) (b) Conflictor Sal	rate Heat disen a twheir
	gove rise to immediate cause (a), stating the underlying DUE TO	
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- 1		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
	Hour o. m. WhileNot while fector	bry, street_office bldg., etc.)
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		ve, held an Autopsy [], Inspection [4], Inquiry [7], and find that cide [7], Hamicide [7], Undetermined cause [7].
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	SIGNATURE Dayton OWalten	_M.D. CHIEF MEDICAL EXAMINER [
1	EXAMINER'S DAYTO AL O WATIE!	ASSISTANT MEDICAL EXAMINER STATES STA
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	REMOVAL (Specify) Burial 9-3-1969 Union Chapel	Cemetery Libertytown, Maryland
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Sohert Challe of Frederick, M	aryland DATE SEP 6 '60 Collan & Kinua

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9477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY Prince George's o. STATE b. COUNTY Prince George's Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) D.O.A. Cheverly Manor. Md. Cheverly Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince George's General Hospital 6316 Kilmer Street YES T NO DE NAME OF DECEASED Middle 4. DATE Aug. Lescallett .Tr (Type or print) Jesse DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. the and 3 to the Aug 12, 1936 Months Days Hours white male WIDOWED [7] DIVORCED T yrs. 2 W 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Electronic Technician Washington D. C. USA John Hopkins Research 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 may Delsie Brown Jesse Lascallett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Cheverly Manor, Maryland. Delsie Lescallett 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) burial-transit DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? used NO T ner's 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury infort 1 or Payl 11 of item 18.) pe Collision, Thrown through Windshie CAUSE OF DEATH. Medical Exam should Month, Day, Year 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, form, 20f. (City or town) While Not while poctory, street, office bldg., etc.) 20c. TIME OF INJURY While Not while of work of Sowie, Mo Street Bowie 3 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 💘 Inquiry DIRECTOR: death resulted fram: Natural causes Accident Suicide , Homicide , Undetermined cause Chi 8/28/60 PATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O FUNERAL EXAMINER'S William D. Rosson forworded cute the DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Fort Lincoln Colmar Manor, Md ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A 15ME(5) DATE NIG 3 1 '60 Wm. F. Gasch. 4739 Balto. Ave. . Hvattsville Onthur S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ector.	644	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Hospital Services Serveral 5407 TAYLOR, YES NO PARM? YES NO PARM?
funerol r your		3. NAME OF DECEASED (Type or print) STECCA MADELINE LIEWAL STATH COUR 3/ 1960
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ges 1, 2 e 5 may		THOMAS F SCUIDENPR SARA ANN HARDY
Give Po		(Ves. no., or unknown) (If yes, give war or doles of service) LOUIS THEWALD TO THE LINE
arm PM		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
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Aedical		Hour o. m. 19 While of work of
Chief A		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
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10 P	50	REMOVAL (Specify) Burial 9-3-60 Mt. Olivet Cem. Washington, D. C. 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS /// 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5. AISME 5M 9/55		Lee Jenne Home - Wish N DATE SEP 6 '60 Cuttur S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) a. COMNITY b. COUNTY a. STATE MARYLAND buriol, Poge b. CITY OR JOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate-limits, write RURAL and give nearest town) give hearest town! 2 d. NAME OF HOSPITAL OR INSTITUTION (If natury/hospital, give street pedress) 4. STREET ADDRESS NAME OF DATE Middle, OWER'V Far Month DECEASED You funer (Type or print) DEATH SOCIOCIONO ACKING XX 9. AGE (Ip years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH IF UNDER TYPAR Months WIDOWED IN DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) during most of working life, even if retired) aperatur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy pages Poges n Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File P. Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tronsit DUE TO with 2 Canditians, if any, which Dencil gave rise to immediate couse guojo DUETO shauld (a), stating the underlying cause last. pending" in iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY os used 20g. EXTERNAL CAUSE WAS PRIMARY To OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURBED_(Enter nature of injury in Part I or Part II of item 18.) Ехош should 0 20c. TIME OF INJURY Month, Day, Year 20d. MUJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 120f. (City al-town) Medical F Poge 3 sh factory, street, affice bldg., etc.) While the at work at work writing 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection X. Inquiry , and find that Chief to the Chief . DIRECTOR: F death resulted fram: Natural causes . Accident X Suicide Hamicide . Undetermined cause MEDICAL ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER 13 NAME (Type) Forwa cute 22a. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) REMOVAL (Specify) 0 Buria] Rose Hill Cemetery Cumberland Maryland FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE AUG 2 9 '60 VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

YES [

(County)

NO R

(State)

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STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S HEALTH/DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY director. Page a. STATE b. COUNTY Prince George's files. Prince George's MARYLAND b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) Ö Kax Riverdale Dead on arrival Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Boar e. IS RESIDENCE B ON A FARM? 2 with the State B Leland Memorial Hospital Main Street YES NOW death. NAME OF Middla DATE Month Dev Yaar MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sated agent, prior to burial, cremation, or removal, and in any event with the Z hours after deap DECEASED OF Robert Irving (Typa or print) MacCord DEATH August 13 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR | last bighdey) Months Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona_during_most of working life, avan if retired) Cook Restaurant District of Columbia FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Irving Mac Cord 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 53rd Ave S.E. (Yas no, or unkown) (Ifyesgivewarordalesofservica) 9-10-2117 Robert I. MacCord Bradbury Heights, Mc 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) Hemorrhage and shock DUE TO Fracture of the base of the skull and sternum Conditions, if eny, (b) gave rise to immadiate cause DUE TO (a), steling the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be YES TO NO 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING Fell from a porch roof CAUSE OF DEATH. 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work Yard of hotel prior Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion agent, death resulted from: Natural causes Accident T Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8/14/60 DEPUTY MEDICAL EXAMINER EXAMINER' NAME (Type) Boyd James I. Addrass (Streat, city, town, or county) O DEP 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION 22d. LOCATION (Clix town, or country) (Slele) REMOVAL (Specity) Correlin Buria 40 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATUG 1 7 '60 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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April 10, 1914 45

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 09481 CERTIFICATE OF DEATH il director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. STATE a. COUNTY b. COUNTY MARYLAND Prince Georges Prince Georges Maryland funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Cheverly Havattsville Hrs d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 5619 30 th Ave Prince Georges Genera NAME OF First Middle Los 4. DATE Manth Day Year DECEASED filled oges death. (Type ar print) DEATH 19 60 Malay Samue Aug IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) etel Manths Days Haurs ofter WIDOWED I DIVORCED [papers. Male deoth certificate be executed 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. RIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4 ng mast af working life, even if retired) pup 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician _ evome. IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO p Canditians, if any, which permit. gned gave rise to immediate DUE TO cause (a), stating the underbeen si lying cause last. attending physicion. buriol-transit 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation. PERFORMED? has YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) certificate MEDICAL Sign 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) use Haur a.m. While Nat while 0 at wark at wark p. m. After aug 22, 1960, that (1) (me) last 21 I certify that (1) (this haspital) attended the deceased fram. detached and 1960, and that death accurred at 8:250 ppm the couses and an the date stated above. saw the deceased alive on. DIRECTOR: 22a. SIGNATURE ATTENDING PHYS. MED. pe M.D. ned 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) FUNERAL page 3 sh 23d. LOCATION (City, tawn, or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 25g. REC'D BY REGISTRAR arthur S. Kraus DATEAUG VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 4 should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND burial, Page b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF 4. DATE First Middle Last Month DEATH (Type or print) 19 Po 5-SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthdby) 2 with the Months Min. Days Hours WIDOWED [7] DIVORCED T YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pe may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Pages 5 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address File (Yes, no, or unknown) (16-yes, give war at dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) a burial-transit DUE TO alang with Conditions, if ony, which in pencil gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY So PERFORMED? pending YES | NO K 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) should the ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, tificate, writing the world to the Chief Medical E. L DIRECTOR: Page 3 sho 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection A Inquiry 17. and find that deoth resulted from: Natural couses ... Accident Suicide . Homicide . Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER cute th 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coupty) (Stole) REMOVAL (Specify) 0 23. FUNERALIDIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PRINCE GEORGES c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Month Day Yeor AUGUST 27 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 0 12. CITIZEN OF WHAT COUNTRY? USA Address SAME AS 2 INTERVAL BETWEEN ONSET AND DEATH DAYS PERFORMED? YES NO (State) (County) 19 60, to 21 August, 19 60that I last saw the deceased , and that death occurred at 1:45PM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED AUGUST 1960 USAF HOSP ANDREWS ANDREWS AFB WASH 25 DC 22d. LOCATION (City, town, or county) (State) WEDERICKTOWN 24g. REC'D BY REGISTRAR 24b. REGISTRÁR'S SIGNATURE DATELIG 2 4 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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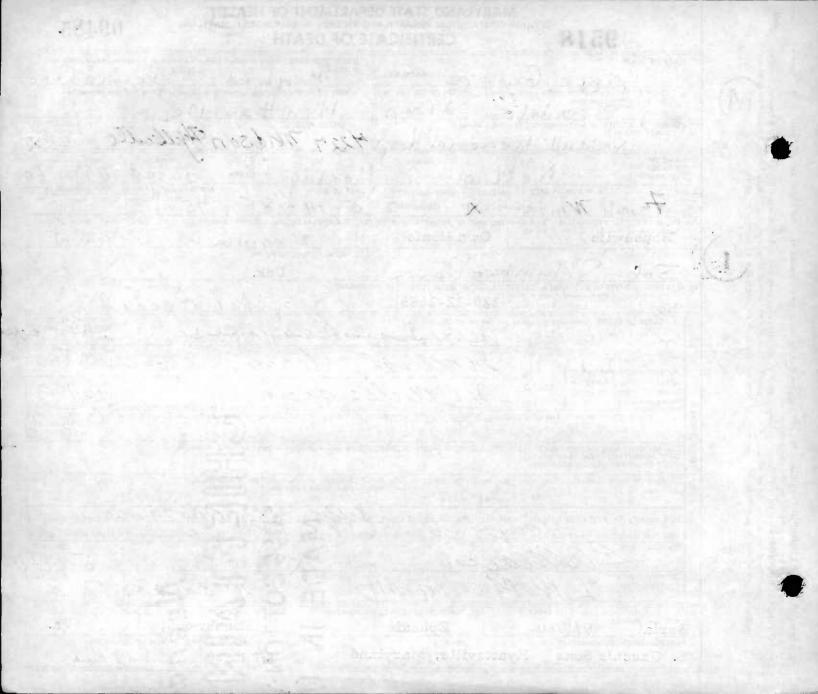
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13. FATHER'S NAME			14. MOTHER'S MAIDEN	4		377
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15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT	111.	Address	
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ATIC						PERFORMED?
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₩ p. m.	19 at wark					
21. I certify that	(I) (this hospital) attende	ed the deceased from	aug 19	60 to Cill	979, 1961	(that (I) (we) last
saw the decease	d alive an alley 7	9_1960, and that o	death accurred at	M. from the cou	ses and an the	date stated above.
22a. SIGNATURE	Dinni.	17	1			22b. DATE
	-Whiak	en	M.D. PHYS.	AED. STAFF	П	S-29 SIGNED
22c. PHYSICIAN'S	1 111 06	27 . 11	22d. ADDRESS	//	0 0	
NAME (Type)	LW M	2117 M	7	Swer	dale	ned
23a. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	D CDEMATORY	23d. LOCATION (City	town or count !	(61-1-)
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F. Gascil's	, bons myatt	partie, marking	DATE	SEP 1 '60	Cirthur &	Though

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 on the State Board of Health priar to burial, crematian, or remaval, and in any event within 72 hours after death. ed by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	n	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6 R &	SV	9555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19487
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irectives.	V	7150 Bruilley Rood 5210 middleton to AFARM?
y dela	1	3. NAME OF DECEASED (Type or print) Mary March Doy Year OF 1960
و و و		S. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1) UNDER 1YEAR IF UNDER 24 HRS.
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2, y b		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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Pog age		(16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. V. INFORMANT (Yes, ng. or unknown) 1 (If yes, give wor or doles of service) Address
Ti ve		the president con es cott
PAG.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
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ice is		PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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Exa		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
the wilcal		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work of work
Med		21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that
writ NR:		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
5 0 5 E		
Fig.	9	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
ord for	OL.	ASSISTANT MEDICAL EXAMINER [
cute forwarded TO FUNERAL		EXAMINER'S AMES INDICAL EXAMINER [] WEST, 1964
forw or re		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 . 5 .	5	Burial 8-12-60 Ceder Hill Sulland Mil
/S. A15ME(5)	- We	23. FUNERAL DIRECTOR'S SIGNATURE 1661-Good Hope Rd SE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55	11,	DEMEMBER 11 '60 Only & Kines

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09488

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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PLACE OF DEATH

	Prince George	MARYLAND	Virgini	ia	b. COUNTY				/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	14	c. CITY OR TOWN (IF	outside corpor	ate limits, write R	URAL and	give neo	rest town	1)
	Hyattsville	approx. mo.	Falls Chu	ırch			83	X-	2
Н	 d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION 	et oddress)	d. STREET ADDRESS					e. IS RESI	IDENCE FARM?
L	Carroll Manor		902 Line	coln A	ve,				NO 🗆
3.	NAME OF DECEASED (Type or print) Regina Mye)	Middle PS	Last	4. DATE OF DEATH	August		Do 1.4		Yeor 19 60
5.	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	. DATE OF BIRTH			IF UNDER			
	female white wido	WED A DIVORCED	2-10-178		lost birthday) 82 yrs.	Months	Days	Hours	Min.
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13	. FATHER'S NAME		14. MOTHER'S MAIDEN						
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15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. INF	ORMANT	TO MOC		7 O 630	. 0.	77	D. 5
6	(es, no, ar unknown) (If yes, give war or dates af service)		. M. Franci	sPatr		722 I			
Г	1B. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]		114			INTE	RVAL BE	TWEEN
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CALC		. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City	or town)	1	County)		(State)
MEDIC	Hour a. m. 19 Whi	le Not while focts	ory, street, office bldg., etc	c.)	***	,	-30//		(0.010)
Ž	p. m. 19 of w	rork at work							
	21. I certify that (I) (this hospital) atte	nded the deceosed from		Leo to	* aug	194	Q, th	ot (I) (we) lost
	saw the deceased alive on 14 ass	19.40, and that de	eath occurred of	M, from	the causes on	d on the	e date	stated	above.
	220. SIGNATURE			1					DATE
	1117/2010 Avac	e. ().	D. PHYS.	NED.	STAFF PHYS.		11/	1.1.1	SIGNED
	Vzc. PHYSICIAN'S	M	22d. ADDRESS	INECTOR L	(HI3. 🔲		Tuch	Ju.	
	NAME (Type)	1. In 100	180.0	, ,	1 -11	1.1 1	110-	. 0	00
	W. HOWARD / EACE	K OR IN	1000 00	NN	TUE PO	, 0	UHS	17 7	- Na
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCAT	ION (City, town, o	or county)		(State	e)
_	Burial Aug. 17th. 196	Northside Cat	nolic	Pitts	burgh.	Penn	a.		
24	LEUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC	D BY REGISTE		TRAR'S SI	GNATUR	RE	
X	A Otte DXX Munkey 3	3524 Columbia Pik	DATE A	ug 1 7 '6	0	12-1 8	4		
		rlington. Va.							

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 y the funeral directar, shauld

Then please remove carbon papers. Pages 1 and

may be ned by the haspital ar attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Baard of Health priar ta burial, crematian, or remaval, and in any event Arthin 22 haurs after death.

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TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Bage 4 may be and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, crematian ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09489

	1. PLACE OF DEATH O. COUNTY CO	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARVIAND b. COUNTY RINCE GEORGES
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	PRINCE GEORGES GEN. Wospital	d. STREET ADDRESS 15515 Nicholson St. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type ar print) ROBERT (Middle Que of print)	NEEdham 4. DATE Month Day Yeor DEATH August 18 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 SATE OF BIRTH 9. AGE (R years lost birthday) 10st birthday)
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A state of the s	Washington, O. C. V.S.A
1	Robert J. needham, Sr.	Rosa R. Matthews
	(Yes no or unknown) (If fee, give wor or doles of service) yes the	va R. M. Needham 5515 nicholson St
	PART I. DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO DUE TO (c)	ROINTERNAL CARSCIE SCRIP MBOSIS OF RINTERNAL (AROTID)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter noture of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p.m. 19 While at work at work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	22a. SIGNATURE	death accurred atM, from the causes and an the date stated above. ATTENDING PHYS
10	230. BURIAL, CREMATION, 23b., DATE THEREOF 23c. LYAME OF CEMETERS OF SEMANDAL (Specify) 22c. LYAME OF CEMETERS OF CEMETERS OF SEMANDAL CASE OF CEMETERS OF CEMETER	R CREMATORY Cem 23d. LOCATION (City, town, ar county) Wheaton, Maryland 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
2	W.W. Chambers Eo Riverdele,	MG DATE AUG 2 4 '60 Com S. France

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VS. A15ME(S) 5M 9/S5

9484 MEDICAL EXAMINER'S CERTIFICATE	-BALTIMORE, 18 OF DEATH Rog. Dist. No.
1. PLACE OF DEATH Prince George's MARYLAND 2. USUAL RESIDENCE (Who	re deceased lived. If Institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If out Cheverly D.A. Hyattsville	tride corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hosp. d. STREET ADDRESS 4515 Buchs	anan Street e. IS RESIDENCE ON A FARM? YES NO IN
(Type or print) Elmer Albaugh Norris	DATE OF Month 28 Day Year 60
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 28 Mar 1888 White WIDOWED DIVORCED 28 Mar 1888	9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 72 Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) Retined Guarde, even if retired) U.S. G. vt. Maryland	foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Henry J. Norris 14. Mother's Maiden Nam Mary M. Alba	augh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ottilie L. Norri	is (Wife) Same as # 2
18. CAUSE OF DEATH [Enter only one cause per lim or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	LDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or CAUSE OF DEATH.)	YES NO NO NO Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Nat while of work of work	20f. (City or town) (Caunty) (State)
21. I certify that I took charge of the remains described above, held an Autopsy a death resulted from: Natural causes Accident , Suicide , Homicide	
ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER'S NAME (Type) William D. Rosson DEPUTY MEDICAL EXAM	8/28/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22c Burial 8/31/60 Ft. Lincoln	Colmar Manor Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Maryland DATE AUG	registrar 246. registrar's signature 3 3 1 '60 Cullus L. Huma

PARTY AND STATE DEPARTMENT OF HEALTH-BANTHONE, 18
UASE MEDICAL EXAMINER'S CENTIFICATE OF DEATH

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TO HOSPITY OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 boars ofter death. Page 4 may be med by the hospital ar ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9507 CERTIFICATE OF DEATH Reg. Dist. No. 19491

	o. COUNTY Prince Sengal MARYLAND	o. STATE Maryland b. COUNTY Prince Georges
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAS, and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ŀ	Colman marrow 15 chs	Golmar Manor
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3509 43rd. Avenue	13309- 70 and YES NO X
	3. NAME OF DECEASED (Type or print) Thomas Pirst Deter Middle	Last 4. DATE Month Day Year OF DEATH Qug 30 1960
	S. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. C	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. North lost birthddy) Months Doys Hours Min.
	Male WIDOWED DIVORCED O	- June 15/0 90/ yrs.
	100. USUAL OCCUPATION (Give kind of gvork done 10b. KIND OF BUSINESS OR INDUSTR' dyring most of working life, even if retired)	Y 11. BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Harriess maker Teather	Dultan Treland 401.
	3. FATHERS NAME	14. MOTHER MAIDEN NAME TO ROAD diou
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFO	DRMANT A Address
	(Yes not or unknown) (If yes, give war or dates of service)	nes A.VO neill
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (of (b), and	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Locardules and ONSET AND DEATH
	422 DUE TO 11 1/	1 1 56 12
	Conditions, if ony, which) (b) MSufficience	1 M. generalized Clay
1	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c) and supply ackle	roffex (
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	200, ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OF CURRED.	Enter noture of injury in Port I or Port II of item 18.)
	Hour o. m. While Not while foctor	E OF INJURY (Home, form, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
		1-1/ 200 - Col
	21. I certify that I attended the deceased from.	, 195 /, to 30 aug, 180 that I last saw the deceased
	alive on a fifther , 19(2) , and that death of	ccurred at 6 CMN, from the causes and on the date stated above. ADDRESS (Street, city or, town, state) DATE SIGNED
	ACTUAL ON A BUNGH OF MY	ADDRESS (Street, city or town, stote) DATE SIGNED
1	SIGNATURE MANAGEMENT M.C.	The way of the state of the sta
	PHYSICIAN'S Thomas FUlgatting!	y M.D.
	220. BURIAL, CREMATION, 22b. DATE THEREOF	EMATORY 22d. LOCATION (City, town, or county) (Stote)
	Transportation 8/30/60 Funeral Home	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, nMd.	DATE SEP 1 '60 Cothun 9 H.

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FOR STATE DO DICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Idneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board on the contraction or its designated agent, prior to buriel, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

948.5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

100404

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	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	e. COUNTY Prince George MARYIAND 8. STATE 6. COUNTY
	The state of the s
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Ш	Chenry 1/4 hours tairment Height 30
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS
AL.	ON A FARM?
K	Truck Charles (med Hospital 5 705 for theel 1 YES NO 14
/	NAME OF First Middle Last /4. DATE Month Day Year
	OF (Type or print) (DEATH (D
	To serial for the formal the x 1966
	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
Т	temel Calore WIDOWED DIVORCED
-	De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, eyen if retired)
	Housewift our Home Jugina 16. I le
N	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
П	Red as Edward Stan and Dag and I le de a
У.	E WAS DETERMINED ON THE DAY OF THE PARTY OF
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	John Wrarker same as # 2-
-	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]
4	PART I, DEATH WAS CAUSED BY:
н	IMMEDIATE CAUSE (6) Antia Cranial Concarto
	DUE TO
	I have the state of the state o
н	geve rise to immediate cause (b) Aufter (b)
	(a), steling the underlying DUE TO
1	causa last. (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
- Com o Double and a second	PERFORMED?
. 5	YES IN NO
1	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Part II of item 18.)
-	CAUSE OF DEATH.
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
10000	Hour a.m. While Not While factory, street, office bldg., stc.
1	p.m. 19 at work at work
П	21. I certify that I took charge of the remains described above, held an Autopsy V. Inspection V. Inquiry V. and in my opinion
Н	
1	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
A	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATO M.D.
1	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY D
	NAME (Type) A MCS 1 Address (Street, city, town, or county)
2	28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
-	Burial 8/16/60 Arlington Nat'le Come Arlington Va. ADDRESS 1820 9th St., 248. REC'D BY REGISTRAR'S SIGNATURE
1	
	No mix on Huse Washington, D.C. DATE AUG 12'60 Ochlun S. Kraus
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1486		CERTI	FICA	TE OF DE	ATH			09	492	
1. PLACE OF DEATH o. COUNTY	ince Georg	e¹s	MAI	RYLAND	2. USUAL RESIDE	NCE (Where de	ceased lived	d. If institution b. COUNTY	n: Residence	before ad	mission)
Chever1	y Md.		Pol .	Astreet Address Car Parks 4. Date Death August Death Doys Death Dea	town)						
OR INSTITUTION	eorge's Ge		ddress)							0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)		lla	Oscar			0	F			15	Yeor 19 60
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE					9. AC	(birthdoy)		_	
10o. USUAL OCCUPATIO during most of work 13. FATHER'S NAME	ON (Give kind of work ing life, even if retired	}			Co Wes	t Virg)	12. CITIZE		AT COUNTRY
Daniel P					Saral		Clin	ie			
1S. WAS DECEASED EVE (Yes. no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dotes of :	CES? 16. S	OCIAL SECURITY N			Record	ls	Addr	ess		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		for (o), (b), and (c) ARDIA	(ARRHI	VTHM	IA			INTERVA ONSET A	L BETWEEN ND DEATH
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	ny, which (b	A	CUTE						17 18		490
_	IER SIGNIFICANT CON	DITIONS CO							9-1	(o) 19. W	AS AUTOPSY RFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE). (Enter noture of i	injury in Port I o	r Port II of	item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. IN While of work	JURY OCCURRED Not while of work				(City or to	wn)	(Cou	nty)	(Stote
saw the deceas) attende									
22o. SIGNATURE	Marid	Ker	1 mp	11	M.D. ATTENDING	MED. DIRECTO		AFF YS.	8-	-11-	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Dr. Kerr).		9812	49th A	re. Co	llege	Park	Md	
23a. BURIAL, CREMATIO REMOVAL (Specify) BUPIAL	8/19/19	960	23c. NAME OF CE					city, town, o	,	W.	Stote)
Lee Tun	s SIGNATURE	4 3	ADDRESS See Heth	H.7	10	PATEUG 18			TRAR'S SIGN.		

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		The state of the s	nt de inio		A X

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY eral director. Page Prince Georges b. COUNTY Baltimore MARYLAND Office b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neares) town) write_RURAL and give neerest town) for your Cheverly Sparrows Point State Board d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? George may be retained 2 with the State I Prince Gen. Hospital Hughes YES NOT 3. NAME OF DATE Month Dey Year DECEASED MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a let the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain a DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 ated agent, prior to burial, cremation, or removal, and in any event within 72 hours after de OF (Type or print) DEATH Louis Fredrick PAUL 1960 Aug 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Male White WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Student School U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Fredrick Paul Nellie E. Gasser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs Nellie Gasser Paul same as No None 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) geve risa to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a rist designated agent, prior to burial, cremation, or rer DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | Car overturned on roadway CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) While factory, street, office bldg., etc.) Not While X 19 GO et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER T EXAMINER'S James I. Boyd NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF DE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 240 Aug. 22, 1960 Oak Lawn Colgate, Md 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Culley S. Krous Ullrich Funeral Home Dundalk, Md. AUG 2 4 '60 5M 7/59 DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

09495

Day

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES ANO T

(Stote)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Months

e. IS RESIDENCE

ON A FARM?

YES NO NO

Yeor

19 60

CERTIFICATE OF DEATH 9488 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Prince Georges Maryland b. CITY OR TOWN (If autside carporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) shauld Hvattsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 4100 Quintana Street NAME OF Middle DATE Month DECEASED Pages death. (Type or print) DEATH 9. AGE/In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OPIBERTH 7. MARRIED NEVER MARRIED Feb 1903 WIDOWED [DIVORCED [7 yrs. EmalE of 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country during most of working life, even if retired) Virginia Housewife own home and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P D physician 2 Henry Reif Margaret Buck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Harry Webster Penn Hyattsville, Md. No attending please 18. CAUSE OF DEATH [Enter only ane cause per line far (a), (b), and (c).] COROMARY Throm bosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) and DUE TO Hypertersive CARdIO VASCULAR DISEASE 0 þ Canditions, if any, which remaya permit has been signed gave rise to immediate DUE TO couse (a), stoting the underlying couse last. burial-transit b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY cremation, 7 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o. m. Not while of work of work JUNE 21. 1 certify that (1) (this hospital) attended the deceased from.... 19.60 and that death occurred at 11.6 M, from the causes and on the date stated above. sow the deceased affive on DIRECTOR: 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. M.D. 22c. PHYSICIAN'S 22d. ADDRESS

TO FUNE VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate

24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREOF

F. Gasch's Sons

Burial (Specify)

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town, or county)

Colmar Manor.

Hyattsville, Maryland

Ft. Lincoln

23c. NAME OF CEMETERY OR CREMATOR

Chilling S. Hours

(County)

19 60 that (1) (we) lost

(Stote)

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may be most by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled why the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any premitation 72 hours after death.

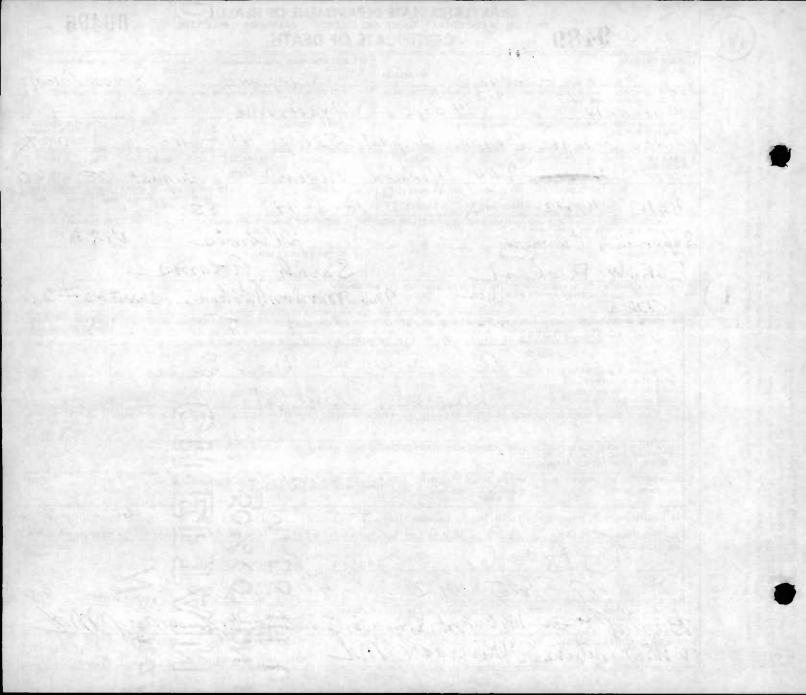
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OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4

VR A15 (4) 1SM 9/59

TO HOSP

						_				
1. PLACE o. CO	OF DEATH UNITY	1	/ MARYL		o. STATE	DENCE (When	re deceased liv	ed. If institution	on: Residence	before admission)
b. CIT	Y OR TOWN (If outside corpo	CO EOR 9	c. LENGTH OF STAY I		c CITY OF	ARY	IAN d	limits write P	IPAL and air	CE (DECAG
RUE	RAL and give nearest town)		41 -1		11.			minis, will k	JANE ONG GIV	· · · · · · · · · · · · · · · · · · ·
d, NA	ME OF HOSPITAL (IF not in he	ospitol, give street			d. STREET A	DDRESS	1112	, ,		e. IS RESIDENCE
1 / / -	VCE GEORGE	ES GEN	ERAL HOS	pita/	58	07	447	- AVE	1	ON A FARM?
3. NAME	OF O	First	Middle	110	las		4. DATE	Mon	th	Day Yeor
(Type	or print)	5 Joh	N HERM	IAN	Pien	ENS	OF DEATH	Aug	ust	28 196
5. SEX	6. COLOR O	R RACE 7. MARR	IED NEVER MARRIE	D 🔲 8.	DATE OF BIRTI	4	9.	AGE (In years lost birthdoy)		YEAR IF UNDER 24 HR
MA	1/E Whit	E WIDOWE	DIVORCED		10-3	- 74	8	75 yrs.		
10o. USU durij	AL OCCUPATION (Give kind of g most of working life, even in	of work done 10b. if retired)	KIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPL	ACE (Stote of	r fareign count	7)	12. CITIZE	N OF WHAT COUNTR
Jup	emuson Tree					sell	sou	1	V	1J. H
13. FATH	ER'S NAME	1-			14. MOTHER'S	MAIDEN NA	IME A	sans 1		
15 (17)	DECEASED EVER IN U. S. ARA	Rens	SOCIAL SECURITY NO.	1Z, INFO	Sar	un	Our	Add		.//
(Yes, no, or			es securit no.	9min	2-ma	rion	Aicke		SAME	AS#2
110	CALISE OF DEATH IF	10	- f (-) (b) 1 (-) 3	1, ,,,,						INTERVAL BETWEEN
16.	PART I. DEATH WAS CAUS	ED BY:	fe for (o), (b), ond (c).	0000		21.	O.			ONSET AND DEATH
	IMMEDIATE C	DUE TO	CC-70 C	Con	ans	16	CONOCIO DE	5		
0	nditions, if ony, which)	(1	Exterio	000	260	He	and)),		
90	ve rise to immediate	(b)		1	1	, _	,			
	se (o), stoting the <u>under-</u>	(c)	Leider	7	lles	K Ox	12			
NO	PART II. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THETERMIN	IAL DISEASE CO	ONDITION GIV	EN IN PART I	(o) 19. WAS AUTOPS
CATION										YES NO
OR (IF E	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ITHER, NOTIFY MEDICAL EXA	DEATH	CRIBE HOW INJURY OF	CCURRED.	(Enter noture o	f injury in Po	ort 1 or Port II	of item 18.)		
WEDICAL	TIME OF INJURY Month, E			20e. PLACI	E OF INJURY (Home, farm,	20f. (City or	town)	(Co	unty) (Stot
WED	Hour o. m. p. m.	19 While of world	Not while	100101	y, 311001, 011101	bidg., etc.)				
21. 1	certify that (I) (this h	aspital) attend	ed the deceased	fram	1-5	19	10 to 8	28	1950	, that (1) (ye) la
saw	the deceased alive a	1827	19 6 and	that dec	ath accurre	d at/	M, fram the	e causes an	d an the	date stated abave
220.	SIGNATURE O	10to (20	M.I	ATTENDIN	G MED DIRE	D. ECTOR	STAFF PHYS.		22b. DATE SIGNE
22c.	PHYSICIAN'S NAME (Type)	77		-	22d. ADDRI		1 11	,,	,	
		1) Relz	77.0	1	43/3	Na	lletin	U. D	walt	sulle my
	IAL, CREMATION 23b. DATE	THEREOF 9	23c. NAME OF CEME	TERY OR C	REMATORY	(maybe	23d. LOCATION	V (City, town,	or county)	Wistore)
24. FUNE	RAL DIRECTOR'S SIGNATURE	6.1	ADDRESS (m	11	25a. REC'D	BY REGISTRAF	25b. REGI	STRAR'S SIGN	IATURE
W.	V. Chamber	20001	verage	14/1	a	DATE ALL	G 3 0 '60	a	stlar &	Kraus



FOR STATE HEALTH DEPT. files. Health, lay is necessary, and director. Page for year TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the familiar 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perpent. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after deather.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9430 09497

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If a. STATE b. COUR	
-	Prince George 8 MARYLAND b. CITY ON TOWN III outside Seporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporate limits, write	
-	write RURAL end give nearest lown) Cheverly d. NAME OF HOSPITAL & INSTITUTION (if not in hospital, give street address)	ival Clinton	e. IS RESIDENCE ON A FARM?
E	Prince George's General Hospital	Daingerfield Drive	YES NO
	(Type or print) Clara Illistrious	Plager DEATH August DATE OF BIRTH 9. AGE in years lest birthdey)	
-	WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	June 27, 1884 76 yrs.	Months Days Hours Min.
-	Secretary Office	District of Columb	u.S.A.
	Milton W. Plager	Sallie Virginia Tu	rner
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unkown) ((Ifyasgivawarordetesofservica)	NFORMANT 1206	Ingraham N. W.
		lice E. Griffith, Washi	
	18. CAUSE OF DEATH [Enlar only one cause par lina for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AGUIE CONCEST	tive heart failure	ONSE! AND DEATH
П	1142X DUETO		
	Conditions, if eny, which) (b) Cardiovasculs	er renal disease	
1	geva rise to immediata cause	a char arecabo	
1	(e), steting the underlying Cause last,		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19, WAS AUTOPSY
	Concern of the colon		PERFORMED?
	Cancer of the colon 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (E)	ntar natura of injury in Part I or Part II of Itam 18.)	YES NO X
- 1	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	and makes of many and the man sort	
		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (Stele)
ı	21. I certify that I took charge of the remains described above, hel	ld an Autopsy , Inspection x, Inqui	y x, and in my opinion
1	death resulted from: Natural causes X, Accident , Suicident	de, Homicide, Undetermined m	nanner 🗌
1		CHIEF MEDICAL EXAMINER	THE RESERVE AND A SECOND
5	ACTUAL SIGNATURE AMEN TO VO	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
4	EXAMINER'S	DEPUTY MEDICAL EXAMINER	
	NAME Nype) / James I. Boyd	Address (Street, city, town, or county)	moust 2, 1960
2	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town	, or country) (Stalia)
	Buria (my 4, 1960 Blenwood	Cern. Washingle	mily be
	23. FUNERAL DIRECTOR APPORTS .	1-70	SISTRAR'S SIGNATURE
1	VIVICINI TOSET LES, O WHELKER	1911 APPATAUG 4 '60 0.	" of & Krous

VS. A15ME 5M 7/59

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Frince George's Maryland Prince George's Cevely lead on errival Clinton Prince George's Veneral Founttel Delacerfield Prive Olare Illietriote - Hager - August Finale Water 17 10th 7 2 20 1 7 1 Secretary Q fice District of Volumeis U.S.A. contul siniguiv eilis Milton W. Flager 1206 Increase Altes ". Unlifting sommers, ... Augilet trasa avirus noo asso Certiforaccular repair disease dender of the colon

Valent I. Boyds

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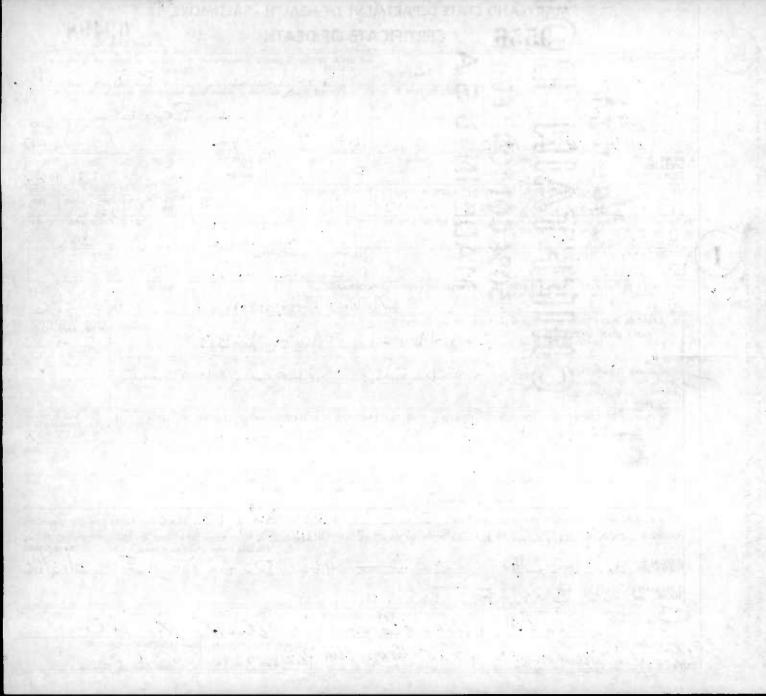
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9556 CERTIFICATE OF DEATH

(19498 Reg. Dist. No.

1. PLACE OF DEATH	L Conser	MA	RYLAND 2.	USUAL RESIDENCE		. If institution: Residence b. COUNTY	
b. CITY OR TOWN	(If autside corporate limit	, write c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and g	ive nearest town)
Migh	land lar	K		High	land	Park	35
d. NAME OF HOS	PITAL (If not in haspital, gi	ve street address)		d. STREET ADDRESS	K A		e. IS RESIDENCE ON A FARM?
. 1114	1-10 th	Ave	111	119-10	Him		YES NO D
3. NAME OF DECEASED (Type or print)	Anne	Mid	dle T	laster	4. DATE OF DEATH	Aug.	Day Year 1960
5. SEX	115	7. MARRIED NEVER MA	RRIED B. D	ATE OF BIRTH	9. AG	Later A	TYEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPAT	TION (Give kind of work de	one 10b. KIND OF BUSINES		11. BIRTHPLACE (Se	tote or foreign country)		EN OF WHAT COUNTRY?
1 1	orking life, even if retired)			Mar	nland		USA
3. FATHER'S NAME			1	4. MOTHER'S MAIDE	N NAME	1	
Danie	Hens	SOH	With the	Jane	e Slew	art.	
15. WAS DECEASED E	VER IN U. S. ARMED FORC	(ES? 16. SOCIAL SECURITY vice)	NO. INFO	Wart H	Enson	Address H	shland Pli aryland
1B. CAUSE OF D	EATH [Enter only one cou	se per line far (a), (b), and	(c).]		Post Control		INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cereb	ral	Thri	um basis		ONSET AND DEATH
23.	DUE TO			N 11	1		~
Conditions, if		(e Y =))	(an)	AT	ero sel	212070	
cause (a), statin	g the under- DUE TO						
		ITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
PART II. O	teriosal	evotic 1	Jear	+ Di	sea ca		PERFORMED? YES NO
20g. ACCIDENT V	VAS UNDERLYING []	20b. DESCRIBE HOW INJURY	OCCURRED. (E	inter nature of injury		item 18.)	
	URY Month, Doy, Year	7 20d. INJURY OCCURRED While Not while at work at work	20e. PLACE foctory	OF INJURY (Home, to, street, office bldg.,	form, 20f. (City ar to	wn) (C	ounty) (State)
21. I certify	that I attended the	deceased fram.	25	., 19.59, ta	Aug 18	, 19_6@that I las	st saw the deceased
ative an	mg 17	, 19 😓 🔾 , and th	at death ac	curred at 1125			date stated abave.
ACTUAL SIGNATURE	Viller	F. Jack	M.D.	4649	ADDRESS (Street, o	ity ar tawn, stote) A.e., N. E-	S/18/60
PHYSICIAN'S NAME (Type)	Wilbur	E Ja	ekson				
220. BURIAN, CREMAT REMOVAL (Special	10N, 22b. DATE THEREOF	22c. NAME OF C	emetery or Cr	REMATORY	22d. LOCATION (City, tawn, ar caunty)	VC (Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	for 4925	Deane	au 75	AUG 2 2 '60	245. REGISTRAR'S SIG	



FOR STATE HEALTH DEPT. TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furnarial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 32 hours after death.

VS. A15ME 5M 7/59

C

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,

9491 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1343)
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission)
French Jeorges MARYLAND . STATE Maryland b. COUNTY There Seorge
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chares In & hour Alex mes chow
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STRET ADDRESS a. IS RESIDENCE
Prince Jose Conevel Horp Route 301 YES NO THE
3. NAME OF Day Fint Middle Last 4. DATE Month Day Year
(Typa or print) Thomas Ellett Proclar DEATH aug. = 19 1962
5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR) IF UNDER 24 HRS.
Niele Celoud WIDOWED DIVORCED Lope 5, 1928 Bast birthday! Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life avan if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Truck Drive Harring Historia Colember 76-5-6
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Thomas & Troctor Celese handall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, not or unknown) (Ifyasgivawarordatasofservica)
10 547-34-9565 Elizabeth Helde Vrocker James to
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebres Compression
DUE TO C
Conditions, if any, which (b) Intra crowd homestay
gava rise to immadiata causa (a), stating the undarlying DUE TO
cause last, (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Hour a.m. (County)
Hour a.m. p.m. While Not While at work at work at work
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE AND ATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPUTY MEDICAL EXAMINER
NAME (Type) Addrass (Street, city, town, or county) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CHAETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
MEMOVAL (Specify) A - GL MAL G
Burial Aug. 22/160 Mt. Carmel Upper Mark Boro, Md. 23. FUNERAL DIRECTOR - ADDRESS Wall of Mark. REC'D BYRGISTRAR 24b. REGISTRAR'S SIGNATURE
Fluin De Lunero III
DATE AUG 2 4 60 Circing S. Flower

STOLE PROPERTY OF THE THE RESERVE WHEN THE PARTY OF T Anne Daniel T. More Copper King Low The same of the same of the same of Harrist Landone Love to the stock of the THE PARTY OF THE P

Brown and March Charles and Control of the THE STATE OF THE SEE COPET The work to work the second of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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UD 131 MEDICAL EXAMINER'S CERTIFICATE OF DEATH The second of the Bankin Control of the Control of A THE STATE OF THE property of the state of the st december of the Albert Total Control of the THE RESERVE OF THE PARTY OF THE

ie i		9559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis
should stream	M)	1. PLACE OF DEATH a. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MOVING COUNTY O. STATE O. STAT
Page burial		b. CITY OR TOWN If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ctar. prior ta	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give irrect oddress) d. STREET ADDRESS d. STREET ADDRESS ON A FARM? YES IN NO
yaur		3. NAME OF DECEASED (Type or print) Prystie Brown Road DEATH (Dece Month Day Year DEATH (Dece Month Dece Month
o the fund for the the re		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED MONTH STORY WIDOWED MONTH STORY WID
and 3 to be retained and 2 will	1	during most of working life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY 113. CITIZEN OF WHAT COUNTRY 114. D. C.
s 1, 2, 5 may b ges 1 a		13. FATHER'S NAME Lamel E. Brown Julith Gowell.
Page File pa		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYES, no. or unknown] (If yes, give wor or dates of service) When the second services is serviced to service in the second service in the second service is serviced to service in the second service in the second service is serviced to service in the second service in the second service is second service in the second service in the second second service is second service in the second second service in the second
18. Gm PM3.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Comparative heart follows:
in Item with far		Conditions, if any, which) (b) Card massellar hours of disease
along buriol		gove rise to immediate cause (a), stating the underlying couse last. DUE TO (c)
ding" is s Office sed as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
aminer		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUT
the wadical Ex		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED About of months of
writing hief Me OR: Pag		21. I certify that I took charge af the remains described above, held an Autopsy . Inspection I Inquiry and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
tificate, a the C DIRECT		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
forwars O FUNERAL or removal.		EXAMINER'S JAMES I BOYD DEPUTY MEDICAL EXAMINER & 8-1-60
forw TO FUJ	4	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, town, or county) (Stole) Suitland Md
5. A15ME(5) 5M 9/55	B	23. FUNERAL DIRECTOR'S SIGNATURE Nalleys Funeral Home, Md. Date ALG 5 60 246. REGISTRAR'S SIGNATURE DATE ALG 5 60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			O DIANCE
		Stray All J. Stoy	
ne manager automa			
一一点工			541
三百年(二)	THE RESERVE		
	Service / John St.		

TO HOSPITATE BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the haspital or attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

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9492

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09503

1. PLACE OF DEATH				
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	Prince Ge	
Cheverly	2 Days	42 Cheverly		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Prince George General		/ d. STREET ADDRESS 2331 Bellvi	.ew Ave.	e. IS RESIDEN ON A FAR YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Reilly	4. DATE Mon OF DEATH AUG . 1	/
5. SEX Male Baby Boy 6. COIDE OF RACE 7. MARK	RIED NEVER MARRIED	Aug. 17,1960	O ACE III wast	IF UNDER 1 YEAR IF UNDER 24 Months Days Hours A
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (STIE	r foreign country)	12. CITIZEN OF WHAT COUN
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NA	atricia Reilly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT Mother	Addi S	ress Same
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	no for (a), (b), and (c).	lunity		INTERVAL BETWE
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if ony, which (b) (b) (b) (c) (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE VERMIN	IAI DISEASE CONDITION CIV	VENUE DART I (c) 10 WAS ALITE
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS of the country of the	CONTRIBUTING TO DEATH BUT			/EN IN PART 1(o) 19. WAS AUTO PERFORME YES NO
Conditions, if ony, which gove rise to immediate couse (a), stating the under: VOLUTION DUE TO	CRIBE HOW INJURY OCCURRE		art I or Port II of item 1B.)	PERFORME
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor 21. I certify that (I) (this haspital) attended	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not while of work ded the deceased from	D. (Enter nature of injury in Parameter Nature of Injury (Home, form, ctory, street, office bldg., etc.) Aug. 17 19.6 death accurred at 1336 M.D. PHYS. MEL 22d. ADDRESS 1	20f. (City or town) 20f. (City or town) Aug • 15 Aug • 16 Aug • 17 Aug • 18 Aug • 19 Aug	PERFORME YES NO
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While of wor 19 m. 19 while of wor 220. SIGNATURE 22c. PHYSICIAN'S	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not while of work ded the deceased from	D. (Enter nature of injury in Pour ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) Aug. 17 19.6 death accurred at 133 M.D. PHYS. MEL 22d. ADDRESS DIR CR CREMATORY S Gen, Hosp.	20f. (City or town) 20f. (City or town) 20f. (City or town) 30f. to	(County) (19_, 19_60, that (I) (we) ad an the date stated ab 22b.DA

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Service Commission			
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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral if tar. Page 4 shauld be farwards to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your figure 10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar removal.

VS. A15ME(5) 5M 9/55

MA	ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9493	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		R

Reg.	Ω	05	0	1
Reg.	DIM.	No.	U	7

	O. COUNTY PUINCE GEOVGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence o. STATE b. COUNTY	before admission)
-	b. CITY OR TOWN IIF outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	CITY OF TOWARD USE AND A STATE OF THE STATE	000
	Cond give nearest town PRLY DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	Predrest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
F	Pr GEO GENERAL, Chiung	14410-31 57	ON A FARM? YES NO X
	NAME OF DECEASED (Type or print) AMES BUCHAIVAN	LICICS OF DEATH OUG 28	19 60
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D	PATE OF BIRTH PATE 13 189 9. AGE INTYEORS IF UNDER TYEE Months Days AGE INTYEORS Wonths Days	
10a	Oa. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY daring most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
7	FOOD CLERK Grocery	VIRGINIA US	N
13.	3. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
	CHARLES CICICIES	ADA SARAH JOHNSO	N.
13.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown YOUN IN YOUR DECEASED EVER IN U. S. ARMED FORCES? YOUR DECEASED EVER IN U. S. ARMED FORCES?	CIRA RICES MT RAN	13E MA
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	IN ON	ITERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) CEREBUAL OL	callet	not
	33 X DUE TO 1/	•	
	Conditions, if ony, which) (b) Auber Almse	~~	
	gove rise to immediate couse (a), stating the underlying (b)		
	couse lost. (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
S	arrhousewer		YES NOVE
CERTIF	E 206. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	er noture of injury in Part I or Port II af item 18.)	
		OF INJURY (Home, form, 120f. (City or town) (County)	(Stote)
MEDICAL	Hour o. m. While Not while foctory p. m. 19 at work at work	, street, office bldg., etc.)	
	21. I certify that I took charge of the remains described above	e, held on Autopsy , Inspection , Inquiry	, and find that
	deoth resulted from: Notural causes X, Accident , Suicident		
	SIGNATURE Dan Am Swaltons	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		ASSISTANT MEDICAL EXAMINER	/ -
	EXAMINER'S DAYTON OWATICIA	SDEPUTY MEDICAL EXAMINER 18 8-22	-60
220	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMETERY OF CREM		(Stote)
23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNAT	URE
	F. Gasch's Sons Hyattsville, Md	DATE AUG 2 6 '60 Cirima & 1	Grand

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and the letter		MEHICAL EXAMINER'S	CEAR.
		Standard Comments	
	X-molecule (Company)		
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9494	CERTIFICA	TE OF DEATH	MAKITAN	09506
1.	PLACE OF DEATH OF COUNTY PRINCE GEORG	& S MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE	ased lived. If institution b. COUNTY	Residence before admission) RINCE GEORGE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERIEV	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RUI	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION PRINCE GEORGES G	EN Hespital	d. STREET ADDRESS 4907 166 +	hAVE.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) LILIAN	Middle	Ridgeleif 4. DAI	TH August	27 1960
1	EMALE W WIDOW		B. DATE OF BIRTH	lost birthdoy) B1 B8 2 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Doneslie	manyland	p country)	12. CITIZEN OF WHAT COUNTRY
	Micholas Jah	ndor	14. MOTHER'S MAIDEN NAME	rith	
	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	Brady A. Ric	loley Sa	ene as #2
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).]	Carling		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	Isla ai	und llep	hose	leroses-
z	couse (o), stoting the <u>under-</u> lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	FASE CONDITION GIVE	N IN PART 1(n) 19 WAS AUTOPS)
FICATIO	Uden	o Cara	uma lo	The Col	PERFORMED? YES NO
L CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	_ Not while _ for	ACE OF INJURY (Home, farm, 20f. (ctory, street, office bldg., etc.)	City or town)	(County) (State
	21. I certify that (I) (this haspital) attends saw the deceased alive an August	/	-i15		7., 19.60 that (I) (we) last an the date stated above
	220. SIGNATURE Comme	n, M.D.	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	aug 27-60
	22c. PHYSICIAN'S NAME (Type) C, D COMNO	R	22d. ADDRESS 4416 - 74	1 dane	Betweend

BURIAL, CREMATION,

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(Stote)

FUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Orthur S. Kraus

TO HOSPIT TO FUNE VR A1S (4) 15M 9/S9

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
SE C	9437 CERTIFICATE OF DEATH	507
directo	1. PLACE OF DEATH g COUNTY O. STATE O. STATE D. COUNTY D. NCE Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution and program in the country of the country	Acquision S
funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	earest tawn)
160 of 25 the	d/NAME OF HOSPITAL (If agt in haspital, give street address) HYATTS VILLE CONALESCENTY REST HOME Hughesville	e. IS RESIDENCE ON A FARM? YES NO
filled ges 1 or	(Type or print) Mary Dulia Robey DEATH 8	3 1960
npletely ers. Po	WIDOWED DIVORCED 1/13/80 So yrs. Months Days	
Dond con bond con bon	during most of working life, even if retired) OWN HOME MARY LAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S COUNTRY
nysician ove carl	John E. DitoN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SON Address	mery
iding phase rem ase rem in 72 h	(14) per give wor or date of service) 220-34-7957 RAYMOND ROLEY-1052 BUCHANA	
he atten hen ple ent with	PART I. DEATH WAS CAUSE (a) Cove bro - Who coules according to the Total Country of the Country	NSET AND DEATH
ed by t rmit. T any ev	Conditions, if any, which gove rise to immediate as the source as the so	yero
ician. een sigr ransit p	lying couse last. (c)	19. WAS AUTOPSY
ng physe has be burial-tremava	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH II IF ITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
artification of the ian, or	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County	y) (State)
spital arthis of for use	7/2 1/0 1/1 1/20 1/	saw the deceased
FOR: Aff	alive an Augus 7 , and that death accurred at M., fram the causes and an the di	
OREC OREC Wid be r prior	PHYSICIAN'S TILL BERGEMANNE M.D. 4314 Jalle Kingt Flyoff	oph
FUNER age 3 shau e registrar	NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toway or county)	(State)
(S A15 (4)	23 JUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ANDRESS ANDRES	
5M 9/55	Huntt Funeral Home - Waldork mid	

Burial Aug. 6196 St Mary 5 Hunte Funeral Home, Walder & Md.

John E Diron

OWN HOME

220-34-7957

Musey I and Mary Rose Montgomery

Bry Enterny Med.

9495 If any delay is necessary, please exe-he fundamirector. Page 4 should be TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute it certificate, writing the ward "pending" in pencil in Item 18. Give Page 5, and 3 to the fune incitor. Page 4 should be farwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yourses.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation. ar removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09508

Reg. Dist. No.

	1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	Licenson Company of the Company of t
	Configure nearest fewin) Configure nearest fewin) DOAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
	Prince His General	RT#/ 83X3 ON A FARM?
	3. NAME OF DECEASED (Type or print) LINID EIN Middle	OSE Soft DEATH OUGUST 23 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
	WIDOWED DIVORCED	Sept 21 1938 2/ yrs. Million 2015 110015 Million
	10a. USUAL OCCUPATION (Give kind of work done done done done) 10b. KIND OF BUSINESS OR INDUST doring most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	tok assistant anguerin	Miguna 140A
	TO. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY, NO. 17. H	NFORMANT Address
	(Yes, no, or unknown) (If yes, give wor or dates of service)	NORMANT DD 12 a Sunct DL
	1956-08-	with the alexander va
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Walled	nulfeplicle + Juice
/	816 X DUE TO 1	
	Conditions, if any, which) (b) Local div	lever, Zorcualin 3 hours
	gave rise to immediate cause OUE TO 1 /0	
	couse lost. (c) Ilna (auch	- Surpeal Shock
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAT	YES NO 🔀
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20g. EXTERNAL CAUSE WAS PRIMARY E OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH	inter noture of injury in Port I or Port II of item 18.)
		acorder TIV
		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
ı	Hour 3 a. m. 8-23 19 While of work all work all work	church Bornie Pa the mil
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy . Inspection . Inquiry , and find that
	death resulted from: Natural causes, Accident 🔀, Sui	cide [], Homicide [], Undetermined cause [].
	1 1 1 1	
	SIGNATURE DAY MONALOW.	_M.D. CHIEF MEDICAL EXAMINER
3	EXAMINER'S TO STATE OF THE STAT	ASSISTANT MEDICAL EXAMINER
	NAME (Type) DAY 1000 OWATCI	SOEPUTY MEDICAL EXAMINER X
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR SEMOVAL (Specify) 8/24/60 Colley Tun	CREMATORY) 22d. LOCATION (City. town, or county) (Slote)
١	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	+ Sische Sons Hyallsville, M	DATE AUG 2 6 '60 Cally & Kins

VS. A15ME(5) 5M 9/55

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VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9438 **CERTIFICATE OF DEATH** (19509 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTYPrince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pro Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hyattsville Md 4 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hvattsville Md
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 6643 23rd Avenue	d. STREET ADDRESS 6643 23rd avenue e. IS RESIDENCE ON A FARM? YES \(\sum NO^2 \)
3. NAME OF DECEASED (Type or print) Robert Lee	Rose 4. DATE Manth Day Year OF DEATH Clear 24 1960
6. COLOR OR RACE white NEVER MARRIED MIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In year FONDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building inspector Pro Geo County	New York USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Rose	Edith Dates
(Yes, no, or unknown) (If yes, give war or dates of service)	ulia K ose Hyattsville Md.
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) Metalogous DUE TO (c) Could 8	iver train spinal
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH URLE OF CONTRIBUTING CAUSE OF DEATH URLE CONTRIBUTING CAUSE OF DEATH URLE CONTRIBUTING CAUSE OF DEATH URLE CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature af injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. P. Month 19 of work at work 50 of wor	ACE OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (State) ctory, street, office bldg., etc.)
0 9 0,0,00	occurred at 6 4, 1960, thot I last sow the deceosed ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE RICHARD J. Ullellon PHAME (Ann.) Richard L Whelton	Silver Springs, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF SEMETERY O	
REMOVAL (Specify)	
Cremation 8/27/60 Ft Lincoln C	rematory Colmar Manor Md. [240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
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	Name of the						
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.net tuen	el media de deserviciones	O nicemia 13	Changelings 8/27/50				
		naves officer	Jagu lanek timbeni .Y				

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CE	RTIF	CA'	TE O	F D	EATH

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	94	GR		CE	RTIFICA	TE OF	DEATI	1			(1	130	T ()	
	COUNTY	E. GEORG	185		MARYLAND	2. USUAL o. STA		Where deceas	sed lived. If ins b. COU		Residence	before	V.	ion)
t	o. CITY OR TOWN (If RURAL and give nec	outside corporate lim		c. LENGTH O	F STAY IN 1b	c. CIT	OR TOWN (I		porote limits, wr	ite RUR	AL and gi	ve neare		
,	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital,	give street 6 ENE	oddress)	spital	d. STR	EET ADDRESS		and A	IVE				DENCE FARM? NO
	NAME OF DECEASED (Type or print)	1	rst (AM)	Howa	Middle rd	Rus	Last SE//	4. DATE OF DEAT	1	Month 194	5+	Day 14		1960
5. S	MALE	6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED [B. DATE OF Sept	-	914	9. AGE (In yolds)		NONTHS (-	Hours	R 24 HRS Min.
	during most of working Lyd Cha	N (Give kind of working life, even if retired Ueffer	1)	irline			RTHPLACE (Sto Maryla	-	country)			S.		OUNTRY
	father's NAME dward Ru	ssell	ם	ompany			HER'S MAIDEN	name hilds	3					
15.	WAS DECEASED EVER		service)	77-10-		Edit!	ı A. F	ussel	1-Same	Address		ove		
	1B. CAUSE OF DEAT PART I. DEAT	H [Enter only one of H WAS CAUSED BY: IMMEDIATE CAUSE (17	ne for (o) (b),	Puls	LANG	us O	cdr	nce				VAL BE	TWEEN DEATH
	Conditions, if on	DUE TO	00	xqii	tive	His	est.	fare	luis.			6	· kor	rue
	gove rise to in couse (a), stating t lying couse last.		Ca	rone	ry S	nou	Hil	una				1	/2/	pas
CATION	PART II. OTH	ER SIGNIFICANT CON	NDITIONS (CONTRIBUTING	TO DEATH BU	T NOT RELAT	ED TO THE TER	MINAL DISEA	SECONDITION	N GIVEN	IN PART		PERFO	AUTOPSY RMED? NO [
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURR	ED. (Enter no	ture of injury i	n Port I or Po	ort II of item 1B	3.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While		e f	LACE OF INJ octory, street,	URY (Home, for office bldg.,	rm, 20f. (Ci	ity or town)		(Co	ounty)		(Stote
	21. I certify that	1 97	l) attend	. /		01		7 6	LLLG I	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				we) las
_	220 SIGNATURE	an 1/1	ite	This	r dila mar		NDING	MED. DIRECTOR	STAFF	3 4114	/	14A		SIGNED
)	22c. PHYSIGIAN'S	1.7 m. 7	ful	Elin	is M.	D 22d.	ADDRESS L	ando	50-4C	Per	O. Ky	Tes	rel	E, le
	BURIAL, CREMATION REMOVAL (Specify)	8/18/6	OF O	23c. NAME (TT CO	or cremato		23d. LOC	ation (City, to				(Stote	,
	FUNERAL DIRECTOR'S			ADDRESS		Md.	25a. RE	C'D BY REGI	STRAR 25b.	REGIST	RAR'S SIG	,		
R	itchie Br	os. Fun	1 Ho	ome-Up	per Ma	ribor	O DATE!	G 23 6	0 5	Indhu	n & 12	Anna		

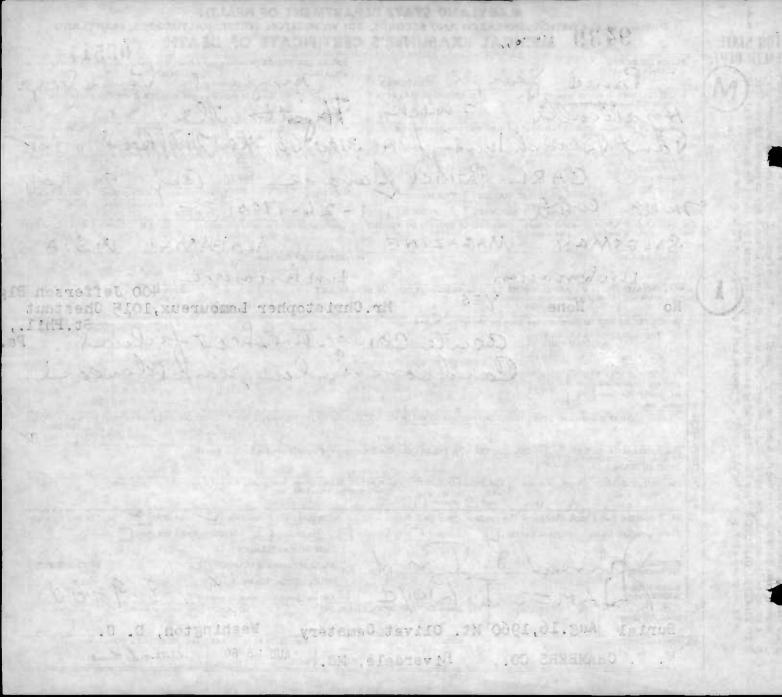
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be fined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

A STATE OF THE PARTY AND ADDRESS OF THE PARTY WANTED STEELING CONTROL OF STEELING THE STEELING STEELING - may see the second of the se

ND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** FOR STATE before admission) 2. USUAL RESIDENCE (Whara dacaesad lived, If institution, Residence PLACE OF DEATH e. COUNTY Page necessary MARYLAND b. CITY OR TOWN LENGTH OF STAX IN 16 LIY OR out de corporate limits, write RURAL and give nearest director. Vour not in hospital, givastraat e. IS RESIDENCE ON A FARM? YES NO NAMEOF DECEASED OF (Typa or print) DEATH 19 with S. SEX RACE UNDER 1 YEAR IF UNDER 24 HR AGE (In years 7. MARRIED 19 may age 5 may 1 and 2 will 72 hours last birthday) Months Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page during most of working life, avan if retired) SALESMA WAGAZINE in bencil in Item 18. Give Pages pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Address 400 Jefferson . WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Yas no, or unkown) (Ifyasgivawerordatesofservica) permit. Lamoureux, 1015 Chestnut Office along with burial-transit permi Mr. Christopher 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause lest. pesn (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat cute the certificate, writing the word Medical NO pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury In Part I or Part II of itam 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 0 Whila Not While Hour e.m. should be forwarded to the FUNERAL DIRECTOR: Pa et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUA ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATU DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME Typa Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY DE 22e, BURIAL CREMATION 22d. LOCATION (City, town, or country REMOVAL (Specify) OH Olivet 40 60 Cemetery Washington 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. AISME Riverdale, Md. DATE AUG 15'60 arthur & Kraus CHAMBERS 5M 7/59



VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Prince Ge	orges County	MARYLAN	2. USUAL RESIDENCE o. STATE Marylan		b. COUNTY	Residence before e George	
	outside corporote limits, write	c. LENGTH OF STAY IN 1	JA.	(If autside carporol		L and give neare	est town)
Cheverly		9 days		Heights.	Md.	7-1	
d. NAME OF HOSPITA	AL (If nat in haspital, give street	address)	d. STREET ADDRE	SS		e.	IS RESIDENCE ON A FARM?
	orges General	Hospital	1100 6	Lith Ave.			YES NO
3. NAME OF DECEASED (Type or print)	First John	Middle	Savov	4. DATE OF DEATH	Month August	Day 6	Year 19 60
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF L		F UNDER 24 HRS.
Male	Colored WIDOW				10st birthdoy) Mc	anths Days	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of wark done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State ar foreign cou	ntry)	12. CITIZEN OF V	WHAT COUNTRY?
Lab ore	ng life, even if retired)	Metal Finis	her Cheste	er Pa		U.S.	Α.
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
Rob	ert Savoy		Minnie	Swann			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Address		
(Yes, no, or unknown) (I	f yes, give war or dates of service)	79 12 6781	Mary Savo	ov 1100	64 Ave.	Cedar	Wata 3
	TH [Enter only ane cause per li		mary Dave	20 1100	OH AVO.		VAL BETWEEN
	TH WAS CAUSED BY:	the for (o), (b), and (c).]	- 0			ONSE	AND DEATH
TAKI I. DEAI	IMMEDIATE CAUSE (a)	epaleo.	-active				
157	DUE TO	9.				2)
Conditions, if an	y, which) (b) Co	seever	colores		7.51 5.0	•	
gave rise to in	DITE TO					-	1:
couse (a), stating t	ne under-	Leccoma	07 1 au	cheen		6	MONTHS
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN		WAS AUTOPSY PERFORMED?
PART II. OTH OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of inju	ry in Port I or Port I	l of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. While at wa	Not while	PLACE OF INJURY (Home foctory, street, office bldg		r town)	(County)	(State)
	(I) (this hospital) atten	ded the deceased fro	m July 28	. 12.60 . to At	10.6	19 60 the	it (I) (we) last
	0.7307 - 0	5 19 60 and the	at death accurred at				
saw the decease	ed alive an	and the	at death accurred at	THE TANK TROOM II	ne causes and c	in the date	22b.DATE
22d SIGNATURE	E M	1). V.	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
22c. PHYSICIAN'S	- ramerys	nece	M.D. PHYS 22d. ADDRESS	DIRECTOR [rnis. 🔲		
A 1 A 1 A 2 C . 1	Dr. C. James Dr	uke, M.D.	66	07 Riverda	ale Road,	Riverd	lale MdD.
23a. BURIAL, CREMATION REMOVAL (Specify)	N. 23b. DATE THEREOF	23c. NAME OF CEMETER Mt. Oliv		the second second	ington,	D.C.	(Stote)
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	250.	REC'D BY REGISTRA	AR 25b. REGISTRA	AR'S SIGNATURE	
M. 14.	Rollins	4339	Hunt Red DAT	E AUG 9 '6	o Enu	in of the	A
			ne.		-3-1-07-07		

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09513 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY / b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF First Middle 4. DATE Day Month Year DECEASED DEATH (Type or print) 19(0 SEX 6. COLOR OR MACE 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 7. MARRIED WEVER MARRIED 8. DATE OF BIRTH Months WIDOWED T DIVORCED YES. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 2 ct during most of working life, even if retired) and pe 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN PM3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause alang **DUE TO** (a), sloting the underlying couse last. Ö Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 8 PERFORMED? YES | NO W 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) to the Chief Medical E DIRECTOR: Page 3 sho foctory, street, office bldg., etc.) Not while o. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 17 Inquiry and find that death resulted fram: Natural causes Accident Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) O FUN farw 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ARLINGTON NAT'L.CEM. FORT MYER, VIRGINIA 16/60 ADDRESS FUNERAL DIRECTOR'S, SIGNATUS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthun & Turne DATE SIIG 1 2 '60 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPU 1. PLACE OF 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence peters admission) a. COUNTY b. COUNTY eral director, Page Prince George's Maryland Prince George's MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearast town) ō Cheverly Belmead d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? George's General Hospital 3906 74th YES NO X 3. NAME OF Middle 4. DATE Day Year DECEASED OF in pencil in Item 18. Give Pages 1, 2, and 3 to the Office elong with form PM3. Page 5 may be ret (Type or print) Wal ter Stanley Siciak DEATH 15 19 60 efter August 5 may be 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and 2 wil lest birthday) Months Nov. WIDOWED T DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Industry Dept. of Justice U.S.A. Agent Pennsylvania Office elong with form PM3. burial-transit permit. File page: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Siciak Tecla Piasecka 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes Mary B Siciak same as 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c),] INTERVAL BETWEEN ONSEJAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** geve rise to immediate cause 0 DUE TO (e), steting the undarlying cute the certificate, writing the word "pendin e forwarded to the Chief Medical Examiner" causa lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [Should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. thould be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Hour a.m. While Not Whila prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8/16/60 EXAMINER'S Boyd NAME (Type) James pinous Address (Street, city, town, or county) 22a. BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or country) DE (Stete) TON MATIONAL ₫40 p 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE AUG 1 8 '60 athur & Heave

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Yes 1940 - 1946 / Carry Mary B Biclak come on # 2

Jemes I. Boyd

VS A1S (4) 1SM 9/S8

	9520	CERTIFIC	ATE OF DE	ATH		Reg. Dist. No.	515
1. PLACE OF DEATH o. COUNTY Princ	e George's	MARYLAND	2. USUAL RESIDER	Maryland	lived. If institution b. COUNTY	on: Residence before	ge S
b. CITY OR TOWN (If our RURAL and give neares Riverdale	side carporate limits, write t tawn)	c. LENGTH OF STAY IN 16	13	WN (If outside corporerdale	rate limits, write R	URAL and give near	est town)
d. NAME OF HOSPITAL (OR INSTITUTION	f not in hospitol, give streeth avenue	et oddress)	d. STREET ADD	oress 54th aven	ne /	е	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lois	Middle Reese S	lost mith	4. DATE OF DEATH	Mon Augu		Year
		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb 17,	1913	9. AGE (In years last birthday) 47 yrs.	IF UNDER 1 YEAR I	
Oa. USUAL OCCUPATION (during most of working Secretar	lite, even it retired	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	E (State or foreign co	ountry)	12.CITIZEN OF	
3. FATHER'S NAME Edwa	rd Reese		14. MOTHER'S M.	th Drushe	lla		
IS. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes	U. S. ARMED FORCES? , give war or dates of service) 10	6. SOCIAL SECURITY NO.	INFORMANT Frank Smi	th Rive	Addr erdale, l		11 2
Canditions, if any, gave rise to imme cause (a), stating the lying cause lost.	diate DUE TO	Hyperten	sure (Dordis	riasc	ula	lors
CATI		CONTRIBUTING TO DEATH BU					WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY A	Aonth, Doy, Year 20d.	le Nat while	PLACE OF INJURY (Hai foctory, street, affice bl	me, form, 20f. (City		(County)	(Stat
	attended the deced	ased fram 195. LO_, and that deal				that I last saw d an the date state!	
PHYSICIAN'S NAME (Type)	*YTON	O WATKI	INS BE	ollens	Gure	ad i	8-150
220. BURIAL, CREMATION, REMOVAL (Specify) BULL 121 23. FUNERAL DIRECTOR'S SIG		22c. NAME OF CEMETERY Ft Lincoln ADDRESS			ON (City, Gwn, our Manor		(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9510

CERTIFICATE OF DEATH

1					wed! o	1811 110.
1. PLACE OF DEATH o. COUNTY Prince G	learge	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. b.	If institution: Reside	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ts, write RURAL and	give nearest town)
Laurel			Burtons	ville	15	13-4-
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Laurel	General Hospita	1	14520 Col	umbia Road	3	YES NO D
3. NAME OF DECEASED (Type or print)	First Bessie	Middle T	Soper	4. DATE OF DEATH	Month August	Doy Yeor 5 19 60
5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE		R 1 YEAR IF UNDER 24 HRS.
Female	White WIDOW		7/15/1871	lost 1		Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY?
during most of wo	orking life, eyen if retired)	XL	Marylan	d		USA
13. FATHER'S NAME	wye.	/vara	14. MOTHER'S MAIDEN			
John Ridg	gely Randelph Ca	rroll	unknow			
15. WAS DECEASED EV	PER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(18), no. or unknown)	(if yes, give war or agree or service)		Hospital	Records		
IB. CAUSE OF DE	EATH [Enter only one couse per]	for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	mounde	TRAIL.	Man	u ·	ONSET AND DEATH
333	DUE TO	, vonce	of the	11000		- Caro
Conditions		080 /2	0 1/10	11/		Imant
Conditions, if	immediate	augu	~ mu	myou	en	1 minu
couse (o), stoling		Pla - PE	Att SO	200-	-	15-Un
lying couse lost	. (1)		unux	LEUZOF		700
PART II. O	THER SIGNIFICANT CONDITIONS	CONSTRUCTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COND	THON GIVEN IN PA	PERFORMED?
□ OR CONTRIBUTIN	VAS UNDERLYING 20b. DES	SCRIP HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of its	ım 18.)	
20c. TIME OF INJU	While		LACE OF INJURY (Hame, formation, street, office bldg., etc.)	m, 20f. (City or town	1)	(Caunty) (State)
p. m.	. 19 at wa	rk ot work		1/		
21. I certify_	that Vattended the decea	sed from 5-/13	19 4710	8/5	, 1960 that I	last saw the deceased
alive on_8	h4 19/	and that deat	accurred at	M from the	causes and an	the date stated above.
	1111	^ '	,	ADDRESS (Street, city		DATE SIGNED
ACTUAL SIGNATURE	7 MW	arren	M.D			
PHYSICIAN'S NAME (Type)	J. M. Warren, I	(D	305 Prince	e George S	treet. La	urel, Maryland
220. BURIAL, CREMATI	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		ity, tawn, or county)	My (Stote)
23 FUNERAL DIRECTO		ADDRESS \	reto Cem,	D.BY REGISTRAR	24h DEGISTRADIS S	IGMATCHE
Milloll	A June al al Dun	Months 1	240. REC	AUG 9 60	24b. REGISTRAR'S SI	2. Thum

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MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I director. Page or your files. e. COUNTY Health, 6 COUNTY is necessary, Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town for your write RURAL end give neerest town) ō West Lanham Hills Seat Pleasant Board d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress d. STREET ADDRESS 2 with the State B Annapolis Road Street NAME OF Middle 4. DATE iould be executed within 24 hours after death. If any in pencil In Item 18, Give Pages 1, 2, and 3 to the 19 Office along with form PM3. Page 5 may be retail burial-transit permit, File pages 1 and 2 with the St moval. and In any event within 72 hours after death DECEASED OF (Type or print) Charles Edward DEATH Soper August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Months Male White WIDOWED [DIVORCED 190 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck Driver Help Trucker Maryland

14. MOTHER'S MAIDEN NAME U.S.A. Charles E. Soper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Unknown 6805 Beacon Pl. Address (Yes, no, or unknown) ((If yes give wer or detes of service) Riverdale, Md. No 579-16-717

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Mrs. Jane A. Floyd PART I. DEATH WAS CAUSED BY: Toxemia IMMEDIATE CAUSE (e) DUE TO removal. Bilateral Lobar Pneumonia Conditions, if env. which (b) "pending" Examiner's Consequences geve rise to immediate cause DUE TO (a), stetling the underlying Pulmonary Tuberculosis uld be used a cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION asse exactle the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | age 3 short to burial, CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry X and in my opinion agent, Natural causes X Suicide [death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** James I. Boyd NAME (Type) Address (Street, city, town, or county) DEP 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. SURIAL, CREMATION. 22d, LOCATION (City, town, or country) REMOVAL (Specify) ₽40 p murie 0 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME 11 '60 AUG arthur & Kraus 5M 7/59

e. IS RESIDENCE ON A FARM?

YES NO

Yeer

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

YES T

DATE SIGNED

(Stete)

August 19

Erince George's Marylend elegant agrice Meat Lorizon Lille Jananali Jan Tolly I' Street 7720 salabolis Loca Charles Edward togod franks refund Jen. 22. 1907 53 A.C.H basilia. gorout! giel having fort. Charles I. Soper awonzui. SECR BERROOM FIL . by , sienger Me. 57 -16-7178 Mrs. Jans A. Floyd a imerci Bileteral Tober Regmonia Julactory Tuescolocie April Buggille James I. Boyd

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
9561 CERTIFICATE OF DEATH	19518 teg. Dist. No.
1. PLACE OF DEATH O. COUNTY O. STATE O. STATE O. STATE O. STATE O. STATE O. COUNTY O. STATE O. COUNTY O. STATE	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) 45 yrs 37805 alle limits, write RURAL on Give peorest town)	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 805 alle Long Kolse Kolse 1500 Salle Long K	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lowe Edeley Steed 4. DATE Month DEATH Augus	7 6 19 6 0
Male white WIDOWED DIVORCED August 1, 1868 gost birthdoy) Argust 1, 1868	Anoths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of work done during most of working life, even if retired) Taken en life even if retired)	12. CITIZEN OF WHAT COUNTRY?
John J. R. Steed Mary Pamelia Edele	n
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) No. Helen E. Steccol	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Decompensation DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost. CARDIA CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost. CARDIA CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost.	INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOc. TIME OF INJURY Month, Doy, Year Place OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) While Not while of work of work of work	(County) (State)
	that I last saw the deceased d an the date stated above. DATE SIGNED DATE SIGNED
20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or of REMOVAL (Specify) 8-9-60 STEEDS PRIVATE CEMETERY A // EN	Town (Stote) ML.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Rel SE 240. REC'D/BY REGISTRAR 246.	AR'S SIGNATURE

	CERTIFICATE OF DEATH	1000
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9499

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09520

Reg. Dist. No.

1	1. 8	COUNTY June George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. STATE
d		c. CITY OR TOWN IIf outside corporate fimits, write RURAL c. LENGTH OF STAY IN 1b and give nearest fown) C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 3402 Shepheval d. STREET ADDRESS e. IS RESIDENCE
J		Prince Dio Green	MTRANIER YES NO SK
	-1	NAME OF DECEASED Type or print) MEIVA LOUISE S TOTAL TO THE SECOND STATE OF THE SEC	Tennett DEATH Que 30 1960
	5. S	6. COLOR OF RAGE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED (DATE OF BIRTH 9. AGE (In soon lost birthday) Vot 5 1918 9. AGE (In soon lost birthday) Wonths Days Hours Min.
1	100 d	. USUAL OCCUPATION (Give kind of work done uring most of working life, eyen if refired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? West Virginia USQ
)	13.	CHARLES STINNET	TEUFOLA GOODMAN
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 10. or unknown) If yes, give war or doles of service) Turknown VI	slet Seath 1902 April Buren St
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART). DEATH WAS CAUSED BY: JMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), storing the underlying cause lost.	monary congestion Interval BETWEEN ONSET AND DEATH
1	CERTIFICATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
7	MEDICAL CERTIFI	PRIMARY LING CONTRIBUTING Swallowed (20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC	Ambel of Pills (County) (State) (State)
		21. I certify that I took charge of the remains described above	
10	2	ACTUAL SIGNATURE DAYTON O WATER	_M.D. CHIEF MEDICAL EXAMINER
	220	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) 9-1-1960 I Incoln	8 130 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19
	23.	FUNERAL DIRECTOR'S SIGNATURE 1. W. Chambers Co. Riverley,	and 244. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CINTUR S. Kraue

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9562 Reg. Dist. No be filed with director . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PRINCE COUNTY DISTRICT OF DOLUMBIA MARYLAND GEORGES ofter death. funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest jown) CAMP SPRINGS (RURAL P WASHINGTON DC d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION USAF HOSPITAL ANDREWS 134 IRVINGTON ST SW NAME OF First Middle 4. DATE Month DECEASED DEATH fille DEBORAH ANN AUGUST (Type or print) STICKELL within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX lost birthdoy) Months **FEMALE** CAUCAS IAN WIDOWED DIVORCED T 8 AUGUST 1960 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) NA **MARYLAND** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ EDWARD B STICKELL JO ANNE B HARVEY remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NÃ (If yes, give wor or NA NONE RECORDS lease 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) Hour g. m. Not while of work of work Fichest 1960, that I last saw the deceased HUGUST 21. I certify that I attended the deceased from and that death occurred at 2 P.M. fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) ACTUAL should JOHN R DELAHUNTY CAPT USAF MC ANDREWS: AFB WASH 25 DC

22c. NAME OF CEMETERY OR CREMATORY

ADDRES

10 VS A15 (4) 15M 9/55

3

22b. DATE THEREOF

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county) Arlington 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

AUG 15 '60

Cirlling & Thank

(County)

IS RESIDENCE

YES NO X

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Day

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12. CITIZEN OF WHAT COUNTRY? USAF

ONSET AND DEATH 29 HOURS

PERFORMED? YES NO TO

(State)

DATE SIGNED

(Stote)

Days

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09521

Day

Days

(County)

25b. REGISTRAR'S SIGNATURE

Clothing S. House

2So. REC'D BY REGISTRAR

AUG 25 '60

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

22b. DATE SIGNED

(Stote)

ON A FARM?

YES NO

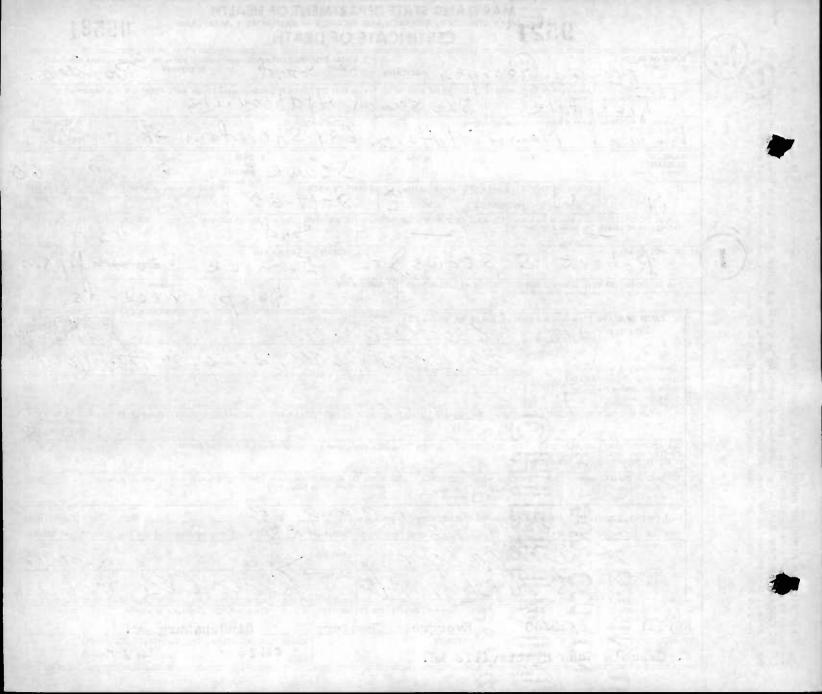
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after death. Page

TO HOSPIT VR A15 (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons Hyattsville Md.



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	9500 CERTIFICA	ATE OF DEATH
	PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	MARYLAND TRINCE SECTION
	b. CITY OR TOWN (If autside carporate limits, write RURA) and give nearest town) Cheverly Gays	FOREStvillE 22
F.	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RINCE GEORGES GENERAL HOSPITA	d. STREET ADDRESS on a FARM? YES NO
	NAME OF DECEASED (Type or print) First Middle ### ### ############################	Talbott 4. DATE Month Day Year OF DEATH August 6 1960
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	SEPT 27/88/ 199 yrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of wark dane of the lost of working life, even if retired) SEZF-ENKY	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME WINK NOUN
1S. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give for or dotes of service)	DEZORES R. COLLINS 1853 MINTOOL
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) OUE TO (c)	wowen Edone Plane Zwelle Zwelle
CERTIFICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature af injury in Part I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. p. m. 19 While at wark at wark	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State factory, street, office bldg., etc.)
		m. Aug. 1 19 60 to Aug. 6 1960, that (I) (we) last the death accurred all 2:35 from the causes and an the date stated above
	22a. SIGNATURE Co Fames Wille	ATTENDING MED. STAFF SIGNED PHYS. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED
	PAME (Type) Dr. G. James Duke, M.D.	22d. ADDRESS 6607 Riverdale Road, Riverdale, Md.
A	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY SEMOVAL (Specify) 8/15/60 WASH. NA	Ti Com. SuitLMD-12600 Co P.D.
29.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LUASH. D.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 116 1160 CALLER SHOW

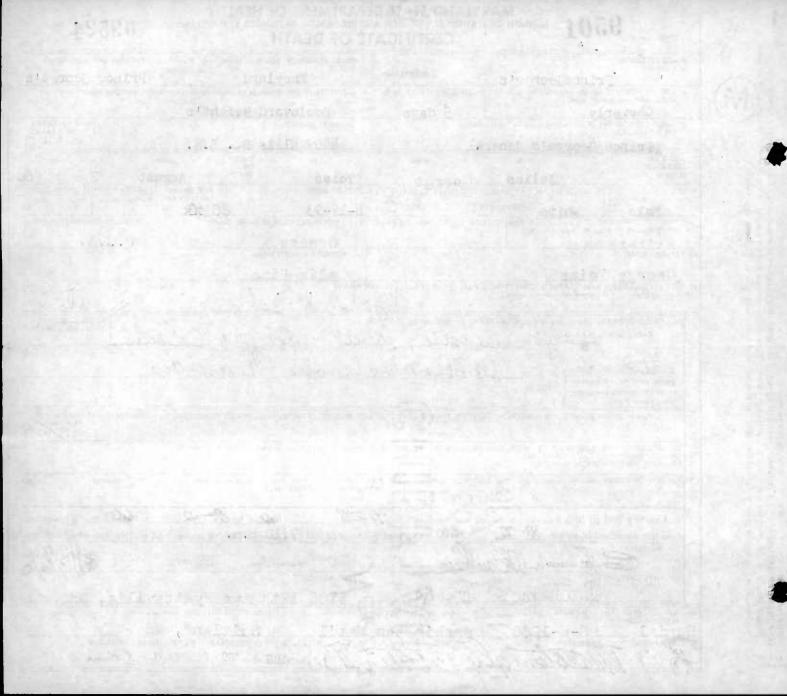
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

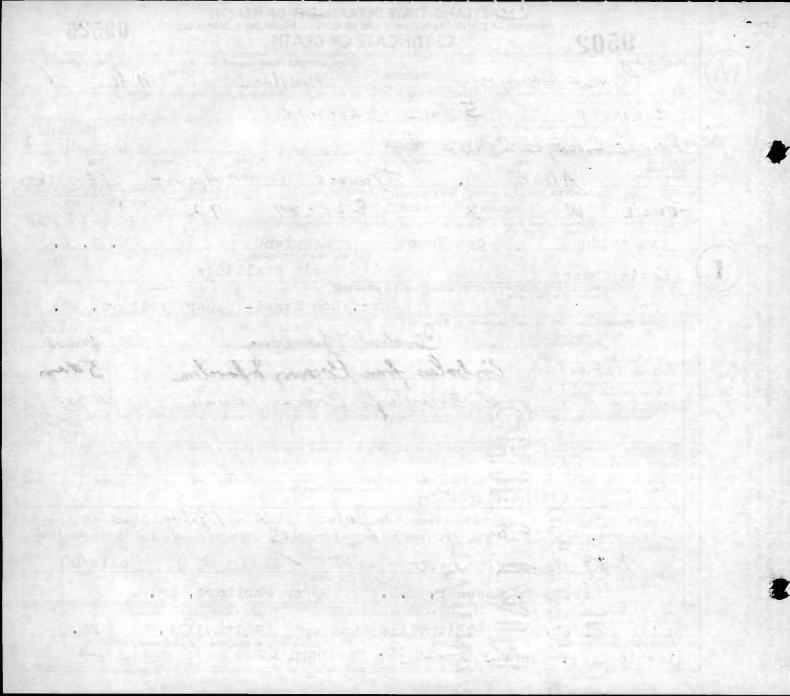
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CERTIFICATE OF DEATH

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	JUL CERTIFICA	AL OI DEATH
(NA	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
AT	PRINCE SEORGES MARYLAND	MARYLAND A.A.
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
	ChEVERIN 3 days	LOTHIAN
72	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
. 7	PRINCE GEORGES LENERAL TOSP.	YES NO
	3. NAME OF First Middle/ DECEASED (Type or print) Alice	Last 4. DATE Month Day Year OF DEATH August 12 196
- 22	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	FENCLE WIDOWED DIVORCED	9-28-87 172 yrs. Manths Days Haurs Min
	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	
-	Housewife Own Home	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lewis Chaney	Maria Stallings
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
•	(Yes, no, or unknown) (If yes, give wor or dates of service)	Mrs. Lou Semel- Upper Marlboro, Md.
		INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	The monther much
	HADA DUE TO O 1 0 1	
	Canditions, if any, which) (b) Contioning from	m Covorar Infarely 2 days.
	gave rise to immediate cause (a), stating the under-	
	lying cause last.	our Coronar Luseace 10 yrs
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP
V	ATTA	PERFORMED? YES \ \ \ NO \ \
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port I ar Port II af item 1B.)
	G OR CONTRIBUTING CAUSE OF DEATH	teb. (emer notice of injury in roll) of roll in or near 15.)
		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stafactary, street, affice bldg., etc.) !
	Haur a. m. P. m. 19 While Not while at work at work	
7	21. I certify that (I) (this haspital) attended the deceased fram	July 1960, to 1 garage 1960, that (1) (we) to
	1/-0	1 1 . 30
	saw the deceased alive an 15 Class 19 CO, and that	death accurred at 127 M, from the causes and an the date stated above
	RAD LICE	ATTENDING MED STAFF _ 0/20/60 SIGN
	My danse Mo	M.D. PHYS. DIRECTOR PHYS. O/ 10/00
	22c. PHYGIAN'S NAME (Type)	22d. ADDRESS
	Robert B. Sasscer, M.D.	Upper Marlboro, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, or county) (State)
	REMOVAL (Specify) Burial 8/21/60 Smithville	
0	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10		Mariboro Alig 23'60 Critical & france

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be it also by the haspital at attending physician.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be responsible to the haspital ar attending physician. TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, and 2 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.	

	COUNTY P	rince	George		N	ARYLAND		UAL RESID		land	d lived. b.	If institution	an: Resider Princ	e G	eorge	ion)
b.	CITY OR TOWN (I	If autside car sarest tawn)	porate limits,	write	c. LENGTH OF S	STAY IN 16	с. (CITY OR T	own (If a	outside carpo	orate limit	s, write R	URAL and	give ne	arest tawi	1)
d.	NAME OF HOSPIT OR INSTITUTION A Le Land	AL (If not in Memor	haspital, give	street	ddress)	I	d.	STREET A		ntgome	ery S	tree	t			FARM?
DE	ME OF CEASED pe ar print)	Melvi	First		Mi	iddle T	homa	Las		4. DATE OF DEATH	A	Man		190	60	Year 19
S. SEX	М	6. COLOR		MARRIE	DIVO	ARRIED		of BIRTH		1903		(In years irthday) yrs.	Manths Manths	Days	Haurs	ER 24 HRS. Min.
9	JSUAL OCCUPATION In the large mast of war are a second to the large mast of war are a second to the large mast of the la	king life, eve	d af wark da n if retired)		n of Lat			Vir	ginia		country)		12. CIT		F WHAT C	COUNTRY?
B. FA	THER'S NAME		ULL I				14. N	AOTHER'S	MAIDEN	NAME						
	Jere	miah T	homas					Mar	y Eli	zabeth	1 Tho	mas				
	AS DECEASED EVE		RMED FORCE r or dates of serv		OCIAL SECURITY	NO. 17.1	NFORMA	ANT				Add	ress			
	no	(/ g		21	4 16 35	53 M	rs.	Melv:	in Th	omas.	Laur	el.	Marvl	and		
	Canditians, if a gave rise ta i cause (a), stating lying cause last.	IMMEDIATE IMMEDIATE Iny, which mmediate the under-	USED BY: E CAUSE (a)_ DUE TO (b)_ DUE TO (c)_	Cor	heros	y a		ry		elu		1		I I	SA MA	ed.
CERTIFICATION			275		ONTRIBUTING TO								EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY ORMED?
	0a. ACCIDENT WAR OR CONTRIBUTING FEITHER, NOTIFY	CAUSE (OF DEATH	0b. DESCI	RIBE HOW INJUI	RY OCCURRE	ED. (Enter	r nature a	f injury in	Part I ar Pa	rt II af ite	m 18.)				
MEDICAL	C. TIME OF INJUE Havr a. m. p. m.	Y Manth,	Day, Year	While	JURY OCCURRED Nat while at wark				Hame, farn bldg., etc		y ar tawn)		Caunty)		(State)
2	1. I certify the aw the decea 20. CONATURE 22. PHYSICIAN'S NAME (Type)		ma.	WE WE	. 10	sed fram. and that	M.D. PI	/ /	M DI		the co	F			stated	(we) last d abave. b. DATE SIGNED
	URIAL, CREMATIC EMOVAL (Specify)		TE THEREOF	1960	23c. NAME OF	CEMETERY C	OR CREM	grory	ten	23d. LOCA	TION (CI	ty, tawn,	ar cauety)	d	/ (Sta	le)
24. FU	e Witt	SSIGNATU	alds	dn,	Lau	rel,	Mo	l.	2Sa. REAL	D BY REGIS	TRAR 60	2Sb. RÉGI	STRAR'S,SI	GNATU	France	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

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	LACE OF DEATH COUNTY	rince Georg	ge¹s	MARYLAND	2.	USUAL RESIDENCE (WHO O. STATE Marylan		d lived. If institution b. COUNTY				
Ь	. CITY OR TOWN ((If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	3	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL ond	give nec	arest town	n)
		neverly		2 days		Clinton						
d	OR INSTITUTION	TAL (If not in hospitol, g			1	& STREET ADDRESS						FARM?
3 N	AME OF	George & G		Middle	11	Last	4. DATE	Mon	th	Do		Yeor
D	ype or print)	Eug		Middle		Thompson	OF DEATH		ugust		,	160
5. SE	X	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		-	
	Male	Black	WIDOW	ED T DIVORCED		31 Oct. 186	3	96 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATION during most of work Retire	king life, even if retired)	KIND OF BUSINESS OR IND Farmer	USTRY	11. BIRTHPLACE (Stole		ountry)		S.A	• WHAT C	OUNTR
13 F	ATHER'S NAME	an Thompson	1		1	d. MOTHER'S MAIDEN N		or				
	NAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war or dates of s				RMANT ICIS L. Thom	noson	Rt.1, Bos		Α,		
T	18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]			ipson		Mar		ERVAL BE	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Tul mont	100	1 Edemi	7				74.	his
	Conditions, if	DUE TO	(Ascinen	11.0	tosis					2	
	gove rise to	immediate (particular de la constitución de	2111011	11 [7]	10-10				-	5	
	lying couse lost.	the under-	, 1	Sconc-Kog	13	TIC COA	rein	non A			,	
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BU	UT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	-	AUTOPS ORMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	inter noture of injury in F	Port I or Por	t II of item 18.)				1
EDICAL	Hour o. m.	RY Month, Doy, Ye	While			OF INJURY (Home, farm, street, office bldg., etc.		or town)		(County)		(Sto

22o. SIGNATURE

21. I certify that (I) (this haspital) attended the deceased fram. Aug • 14 saw the deceased alive an Aug • 60, and that death accurate

ATTENDING PHYS. M.D.

STAFF PHYS. MED. DIRECTOR

Aug. 6

and that death accurred at 12, 45 Abm the causes and an the date stated abave. SIGNED

19 60 that (I) (we) last

09527

22c. PHYSICIAN'S NAME (Type)

C. James Duke, M.D.

22d. ADDRESS 6607 Riverdale Road Riverdale Md. 23d. LOCATION (City, town, or county)

(Stote)

23a. BURIAL, CREMATION,
BUT181 (Specify) Aug. 9, 24. FUNERAL DIRECTOR'S SIGNATURE

St., John

Clinton, Md. 250. REC'D BY REGISTRAR

19 60

256 REGISTRAR'S SIGNATURE arthur S. Kraus

23b. DATE THEREOF

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DATEAUG 1 0 '60

VR A15 (4) 15M 9/59

TO FUNE

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le nom norveste en experience experience EGGG TUDGS managed to ment with another f er ra 2 61 were the comment of the same The California of the Control of the Man , con Edit of the Control E. E. ADJOLES

9511 CERTIFICATE OF DEATH

Rea. Dist. No.

09528

10	001					Keg. DIST, NO.	
	1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Whe STATE Maryland	era deceased liv	b. COUNTY		re admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate	limits, write RUI	RAL and give nec	arest lows)
	d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION	ddress)	d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
2	2 Laurel General Hespital		211 Rita Dr	ive			YES NO
	3. NAME OF First DECEASED (Type or print) Laura	Middle	Wallace	4. DATE OF DEATH	August	1]	
	5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9.			IF UNDER 24 HRS.
	Female White WIDOWER		May 26, 1882		78 yrs.	Months Days	Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, eyen/if retired)	Hame	STRY 11. BIRTHPLACE (State of	r foreign count	lγ)	12. CITIZEN C	SA
	13. FATHER'S NAME	00.	14. MOTHER'S MAIDEN NA	AME	Line	4/.	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT	V (Agidre	is and	
1	(Yes, no. or unknown) (If yes, give war or dates of service)		Hespital	Record	ls		
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If only, which) (b)	Far (o), (b), and (c).	officer	ME	u'a	INTI	ERVAL BETWEEN SET-AND DEATH
	gove rise to immediate couse (a), stating the under: lying couse lost. DUE TO (c)	Luxur	Cena	con	, ,	/	oyn
	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING O DEATH BUT	NOT RELATED TO THE TERMIN	NAL/DISEASE C	ONDITION GIVE	N IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURREN	D. (Enter nature of injury in Pa	ort I or Port II	of item 18.)		
	Hour o. m. While	JURY OCCURRED 20e. PL/ Nat while at work at the factors are the factors at the factors are the	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or	town)	(County)	(State)
	21. I certify that I arended the decease alive on 19 (19 (19 (19 (19 (19 (19 (19 (19 (19	o,, and that death	/ //	DDRESS (Street	he causes an	d an the da	aw the deceased te stated abave. DATE SIGNED
	220. BURIAL CREMATION, 2200 DATE THEREOF REMOVAL (Specify) Lucy 15/960	22c. NAME OF CEMETERY O	RCREMATORY Com	22d-tOCATION	N (City, town, or	county)	(State) Jerse
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Racel		ey registral 15'60		RAR'S SIGNATUR	

may be retained by the haspital or attending physician.

• FUNT DIRECTOR: After this certificate has been signed by the attending physician and completely fills by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages IY and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be en VS A15 (4) 15M 9/55

AND DESCRIPTION	TE OF DEATH	UELL CERTIFICA	
		MATTERN COLUMN	E TO SERVICE OF SERVIC
			NO THAN
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			Table Three D
	and File Francist		
in the stand of the stand of		a 1 o C C	
SEASON SHANDON AND AND AND AND AND AND AND AND AND AN		resign	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, TO

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b, COUNTY c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manth Day 4 9. AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY (County) 196 Wat I last saw the deceased and that death accurred a Q. Q. M. from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) 22d. LOCATION (City town, or county) 24b. REGISTRAR'S SIGNATURE DATELIG 1 5 '60 arthur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO

Year

PERFORMED?

YES NO

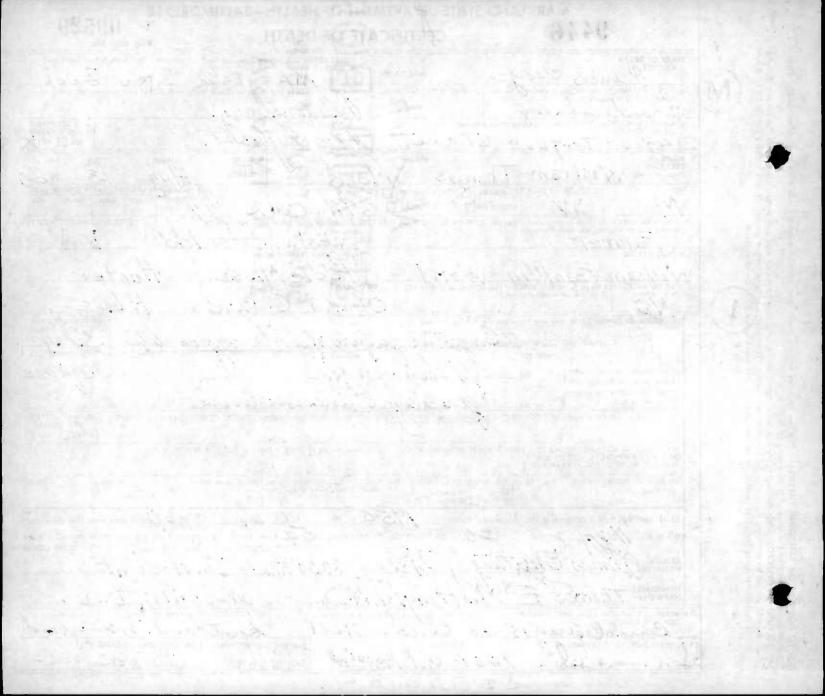
(Stote)

DATE SIGNED

(State

196

VS A15 (4) 15M 9/58



FOR STATE elay is necessary, TO DE INTEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a clear is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the present director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any great within 72 hours after death. VS. A15ME 5M 7/59

MEDICAL CERTIFICATION

228

Division of STATISTICAL RESEARCH	AND STATE DI AND RECORDS, XAMINER'S	EPARTMENT OF 301 W. PRESTON	STREET, BALTIMOR	RE 1, MARYLAND
1. PLACE OF DEATH 5. COUNTY Prince George	MARYLAND		E (Where decessed lived, If inst	itution, Residence before edmission) Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Langiy Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	oulside corporele limits, write RI Park	JRAL and give nearest town)
1209 Ruatan St.		1209 Rus		YES NO N
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED	Middle	Waters		Dey Yeer 19 60
Male "hite widowed	DIVORCED	January 26,	1920 40 yrs.	onlhs Days Hours Min.
dona during most of working life, even if retired)	F BUSINESS OR INDUSTR	Georgia		U. S. A.
13. FATHER'S NAME Jesse Waters		14. MOTHER'S MAIDEN N	Self	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI (Ves. no. or unkown) (Ifyesgive war or detas of service) 578—	24-2339 N	NFORMANT Margaret Wa	Address Aters Same a	s # 2
974 V DUE TO	phyxia othering			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. SECU				IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		nter natura of injury in Part stic bag ov	rer his head	
4; 00 xx 8/10 10 10 of work 1	Not While at work H	CE OF INJURY (Home, ferm, pry, streat, office bldg., atc.)	Langley Pa	
21. I certify that I took charge of the remains death resulted from: Natural causes . A ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boyd		Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EXAMINER	
Burial Aug. 16, 1960 Ar	lington Naddress	ational	Arlington, D BY REGISTRAR 24b. REGIST	Virginia

23 CHAMBERS CO., W. W.

Riverdale, Md. | DAMIG 15'60

Orthon S. Krans

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1209 Enstan St.

Waters Aug. 10, 10 601 Jenuary 26, 520 Ho

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Prince District

578-21-2339 Mercrot Mercro 2018-2018

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4;00° s/10 60 Langley Ferk P. G.

08/11/8

Malan James I. Eoyd

Juriel Hug. 16, 1960 Arthugton Mational Arthugton, Virginia, W. W. CHAMBIELS CO., Elverdele, Md. Familie et along declarate

VS A15 (4) 15M 9/58

16000

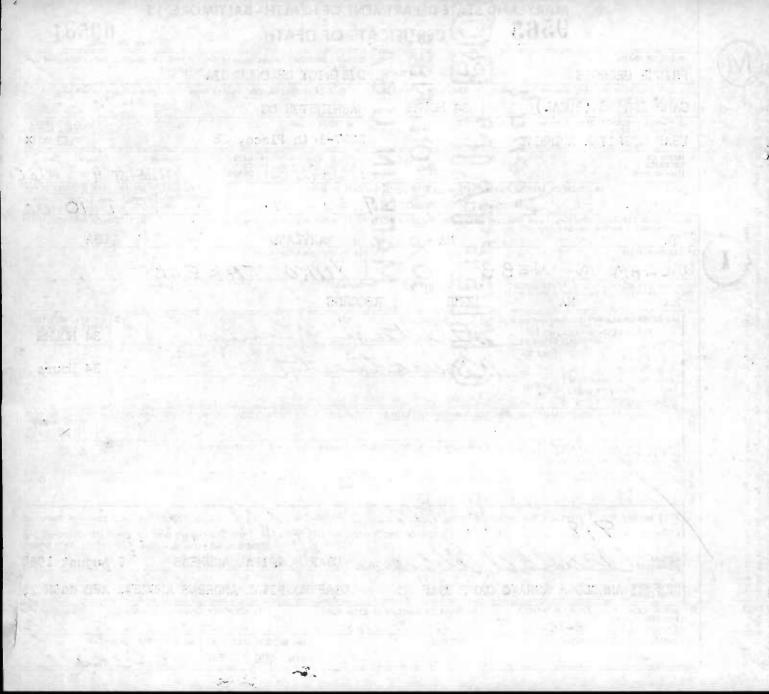
	STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	
9565	CERTIFICATE OF DEATH	

	956	5	CERT	IFIC	ATE OF DEAT	Н	Re	eg. Dist. No.	531
1. PLACE OF DEATH COUNTY PRINCE GEORG	ES	Sid.	MAR	YLAND	2. USUAL RESIDENCE (MD STATE OF		d. If institution: I b. COUNTY	Residence before	e admission)
b. CITY OR TOWN (If our	tside corporate limit	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	autside carporote li	imits, write RURA	L and give nea	rest tawn)
CAMP SPRINGS	(RURAL)		34 HOURS		WASHINGTON 1	DC	4	TX	
d. NAME OF HOSPITAL (OR INSTITUTION USAF HOSPITA			oddress)	131	d. STREET ADDRESS 3327-14th P.	lace, SE			ON A FARM? YES NO X
3. NAME OF DECEASED (Type ar print)	Fire	st	Middle	i	UEBB	4. DATE OF DEATH	Month A U	GUST 9	Yeor 19 6
5. SEX 6.	COLOR OR RACE	7. MARR	IED NEVER MARRI	IED A	8. DATE OF BIRTH	9. AC			IF UNDER 24 HRS.
MALE	1 AUC	WIDOWE	DIVORCE	ED 🔲	7 AUG 19	les los	st birthday) Mo	onths Days	Min.
10a. USUAL OCCUPATION (during most of working	Give kind of work	ione 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	e or fareign country)	12. CITIZEN OF	WHAT COUNTRY?
NA NA	ine, even il refired)		NA		MARYLANI	D	197 /4	USA	1
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	11	1	
WILLIAM 1	W ME	BE	3		YUKO	TAK	EDA		
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes)	U. S. ARMED FOR		SOCIAL SECURITY NO	D. 1	NFORMANT		Address		
NA	NA		NONE	R	ECORDS				
18. CAUSE OF DEATH PART I. DEATH	Enter only one car WAS CAUSED 8Y: MEDIATE CAUSE (c)		ne for (a), (b), and (c)	to	sis of	Lunge			RVAL BETWEEN ET AND DEATH 4 HOURS
762	DUE TO		1		1 .00	0		10 3	
Canditians, if any,	which) (b)	19	1 succes	a	tarity			34	4 Hours
gave rise to imme cause (a), stating the	ediate (
lying couse lost.	(c)		Territor to the					14-	
PART II. OTHER S	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CON	NDITION GIVEN	IN PART 1(a) 19	PERFORMED? YES NO
20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRE	D. (Enter nature af injury in	Port I ar Part II of	item 18.)		
20c. TIME OF INJURY / Hour o. m, p. m.	Month, Day, Yea	20d. IN While of work	Not while		ACE OF INJURY (Home, far ctory, street, office bldg., et		wn)	(Caunty)	(Stote)
21. I certify that	l attended the	decease	ed from 8	7	, 19 62 ta	8/8	1960tha	t I last saw	the deceased
alive on	18				accurred at 04/5	1			
	1	1	2 14	dodin	. decorred diggings	ADDRESS (Street,			DATE SIGNED
ACTUAL SIGNATURE	KURCA		12016	Mo	MD USAF HOS	PITAL AND	REWS	9 Aug	gust 1960
PHYSICIAN'S ARNO	LD A ABRA	MO C	APT USAF M	C	USAF HOSP	ITAL ANDR	EWS ANDR	EWS AF	3 WASH 25
220. BURIAL, CREMATION, REMOVAL (Specify)			22c. NAME OF CEM	LETERY O	PR CREMATORY	22d. LOCATION	(City, tawn, or co	ounty)	(Stote) DC
Cremation	8-11-60		D. C.	Mor	gue	Wash	ington,	D. C.	
23. FUNERAL DIRECTOR'S SIG	GNATURE		ADDRESS		24a. REC	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUR	E

AUG 1 2 '60

arthur S. Krous

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TO HOSPIT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09532

		CERTITI	UNIL	0. 55.				
1. PLACE OF DEATH a. COUNTY				JSUAL RESIDENCE (V		. If institution: Resi	dence before o	dmission)
	Georges	MARYL	AND	Maryl			nce Geo	rges
b. CITY OR TOWN (If ou RURAL and give neares	tside corporate limits, wr	c. LENGTH OF STAY II	N 1b	. CITY OR TOWN (IF		mits, write RURAL o	nd give nearest	town)
Cheve		2 days	1		ngton 22			
d. NAME OF HOSPITAL (OR INSTITUTION				d. STREET ADDRESS		72 3		RESIDENCE ON A FARM?
	eorges Gener			7368	Allenton	Road		
3. NAME OF DECEASED (Type or print)	First N o na	Middle Garfiel	ld	Weese	4. DATE OF DEATH	Month August	Day 31	Yeor L 19 60
5. SEX 6.		MARRIED NEVER MARRIED		TE OF BIRTH	9. AC	E (In years IF UN		JNDER 24 HRS
Female		OWED DIVORCED		ay 2, 188		Mont		ours Min.
10a. USUAL OCCUPATION (during most of working	(Give kind af wark dane	106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stot	te ar fareign country	12.	CITIZEN OF WH	HAT COUNTRY
Housewife		Own Home		West Vi	rginia		U. S.	A.
13. FATHER'S NAME		V	14	MOTHER'S MAIDEN				
Henry J.	Lark			Eliza	Brewer			
	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT		Address		
No	as, give war as dates or sorvice,	None	Wm.	Twigg '	7368 All	entown	Rd. Wa	shingt
	[Enter only one couse p	er line for (o), (b), and (c).]					INTERV	AL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Tayonin	. 60	and any	ula		ONSET	AND DEATH
IM	MEDIATE CAUSE (a)	10 Lemas	0	country	TON			
5/0,3	DUE TO	11		1 Ras	- TI	1		
Canditions, if ony, gove rise to imm	(D)	General	Mel	Jery	onine	1. (
couse (a), stoting the lying couse lost.		Perlos	their	of Rec	to sign	out toa	ngrene	
	SIGNIFICANT CONDITIC	NS CONTRIBUTING TO DEA	TH BUT OF	REMATED TO THE TER	MINAL DICALE COL	DITION GIVEN IN		
CATIC			Jan	testing	abstr	ccion		S NO
20g. ACCIDENT WAS LOOK CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OC	CURRED. (Er	iter noture of injury i	n Port I or Part II of	item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.				OF INJURY (Home, far street, office bldg., e		wn)	(County)	(State
Hour a.m.		/hile Nat while work at work	rociory,	sireer, office blog., e	1			
	1) (45:0 5-0-14-1) -4	tended the deceased f	4	16 19 1	0/ 6 to A1	1 311	of D that	(1) (wa) las
saw the deceased	alive an	TIPOU and	that deat	accurred at 4	Linux the	causes and an	the date st	22h DATE
22d. SIGNATURA	illiam)	Kosson/H	M.D.	ATTENDING PHYS.	MED. ST DIRECTOR P	AFF YS.	1- 8/	SI/GOE
22c. PHYSICIAN'S NAME (Type)	. D. Ross	on, M.D.		22d. ADDRESS 5	304 Hr	mapol	mile	£
02 0110141 5551151			TERV CO CO	THAT ORY	DE OCULA	any,	1	(Chata)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	Sent. 3.19	23c. NAME OF CEME	ennon		Pinto,		iry)	(Stote)
24. FUNERAL DIRECTOR'S S		ADDRESS		1	C'D BY REGISTRAR	25b. REGISTRAR		
Charles	L. George	e, Cumberla	and,	Md. DATE	CEP 6 '60	arthur	S. Kraus	

serves Arra A Leading to the Late Co. Co. Leading a service described contact Parket Control of the territal legit thereal REDUKT THE SHOP LEVEL TO BE LEVEL TO BE LEVEL. Belleville I be the second of the THE PERSON NAMED AND POST OF THE PARTY OF TH and conflict suffered by the suffered by THE MENT OF THE PARTY OF THE PA STREET, REPORT OF THE PARTY OF L-A Mosson A. D. A AND AND REST IN MINING SPECIAL PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH crem a. COUNTY a. STATE b. COUNTY MARYLAND burial c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION His not in hospital, give afreet address) ON A FARM? YES NO NAME OF DECEASED DATE First Middle Lost Month Day Year (Type or prinf) DEATH 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE lost bigthday) Months Hours Min. Days WIDOWED [DIVORCED T yrs. 12. CITIZEN OF WHAT COUNTRY? 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHQLACE (State or foreign country) during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME may pages 2 Page INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address File Give PM3. permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 8 PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) buriof-transit DUE TO Canditians, if ony, which pencil alang gave rise to immediate cause **DUE TO** (a), stoting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OSD PERFORMED? YES M NO T Examiner's 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) writing the whief Medical Not while o. m. to the Chief Medica DIRECTOR: Page 3 at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy 🗖. Inspection . Inquiry . and find that Chief Accident . Suicide . Hamicide . death resulted from: Natural causes bo. Undetermined cause DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) Grwar cute 22d. LOCATION (City, town, or county) 22g BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY (State)

ADDRESS

240. REC'D BY REGISTRAR

DATE AUG 2 9 '60

24b. REGISTRAR'S SIGNATURE

S. Flraus

VS. ATSME(S) SM 9/55

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

una

DEPUTY

			4 (4)
		danta de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de	THE RESERVE
			Date:
		(Salays Francische) der Legan Assa	
		at Depot Same to	
Salah Salah	mes d		
	0		

Lonos

09535

e. IS RESIDENCE ON A FARM?

YES NO XX

Yeor

1960

Day

USA

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO X

(Stote)

DATE SIGNED

5 August 1960

(Stote)

(County)

Surface the second of the seco BUILDING TONS THE STATE OF the control of the control

1	
3	V

	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	0.9
9567	CERTIFICATE	OF DEATH	Rea	Dist. No.

09536

PRINCE GEOR	GES		MARYLA	ND 2	USUAL RESI	CT OF	COLUM	BIA If institution	on: Residen	ce before	odmissio	in)
b. CITY OR TOWN (IF RURAL and give nee CAMPT SPRIN	outside corporate limite orest town) IGS (RURAL)	s, write	c. LENGTH OF STAY IN		c. CITY OR			rote limits, write R	URAL and g	ive neare	st town)	3
d. NAME OF HOSPITA OR INSTITUTION USAF HOSPIT	AL (If not in hospitol, gi	ve street o	ddress)		d. STREET A		RD S	E		44 6	IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	JOYCE		Middle ELLEN		WILL IA		4. DATE OF DEATH	Mon AUG		Day 4		eor 260
5. SEX FEMALE	10000000	7. MARRI	DIVORCED		AUGUS			9. AGE (In years lost birthdoy) yrs.	IF UNDER			
NONE	N (Give kind of work ding life, even if retired)	one 10b. 1	NA		MA	RYLAND		ountry)		ZEN OF V	VHAT CO	UNTRY?
13. FATHER'S NAME EARL L WILL	TAMS			1	4. MOTHER'S							
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. 5	SOCIAL SECURITY NO.	INFO	RMANT	LEY L	ELL12	Add	ress	16.7		
NA [Yes, no, or unknown]	f yes, give wor or dates of sec NA	vice]	NONE	FAT	HER		SAME	AS #2				
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	he under- be under- (c)	A	TELECTASIS ONTRIBUTING TO DEAT			THE TERMIN	JAI DISEAS	F CONDITION GIV	FN IN PAP	8	HRS	
CATIC	0.00		RIBE HOW INJURY OCC								PERFORI	MED?
-!	Month, Doy, Year	While	JURY OCCURRED 20 Not while of work	e. PLACE foctory	OF INJURY ((Home, form, e bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
alive an 4 AU	ruels	196		eath ac	USAF	1030A HOSPI	M, fram DDRESS (SI	the causes and reet, city or town, NDREWS	d on the	date :	DATE UGUS	abave signed
220. BURIAL, CREMATION REMOVAL (Specify) Cremation	8-5-60		22c. NAME OF CEMETE	RY OR C				TION (City, town,		. C	(Stote)	
23. FUNERAL DIRECTOR'S			ADDRESS	Teac		24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIC	SNATURE		

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35.00	Character 1	E STOP A re	MATERIAL PROPERTY		TAMES TRAC		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PHYSICIAN: The law requires that the death certificate be executed

Prince George - me of the state of 28 miles (200 ANAR VILLE THERTH HARTE HILLE HILL HANDELLE THE CONTRACTOR WAS TOOK THE BEEN BEEN EMME HAVE WITHER SO SO SO angered was respect to comme Rudo Spir W. William Star Star Hydler Ad BOX SOUTH THE STATE OF THE STAT THE RESIDENCE OF THE PROPERTY OF THE PARTY O Note that the state of the stat The form of the second of the

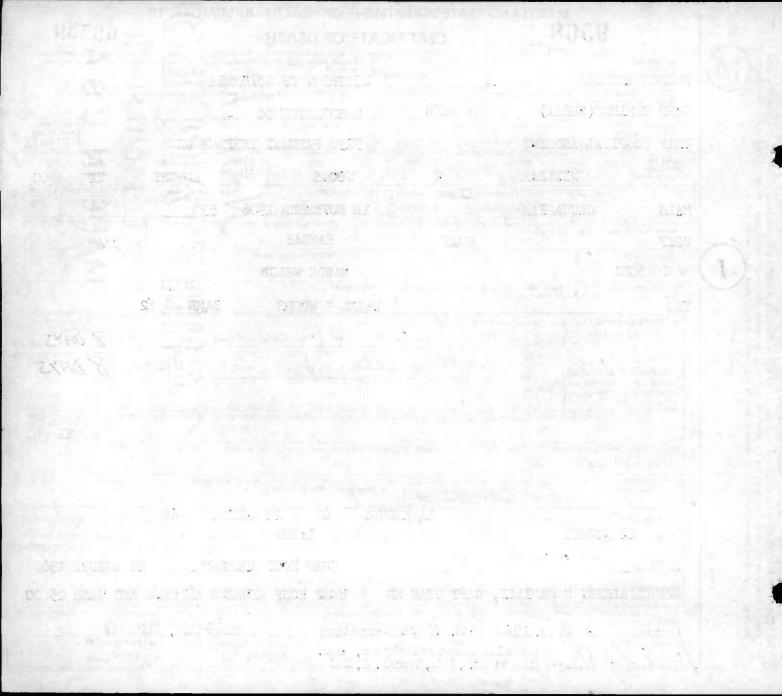
09538

1	9593 CERTIFICATE OF DEATH
	PLACE OF DEATH o. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION.
	NAME OF DECEASED (Type or print) Niddle Wood 4. DATE Month Day Year OF DEATH Rug. 30 1960
S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED DIVORCED DIVORCED B. DATE OF BIRTH 9. AGE (In years lost birthday) Whonths Days Hours Min.
l Oa	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 12. CITIZEN OF WHAT COUNTRY L. S. A
13.	FATHER'S NAME JOHN WOOD 14. MOTHER'S MAIDEN NAME EMMAR
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) (If yes, give wor or dotes of service)
	PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which) (b) Malana and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
7	gave rise to immediate cause (a), stating the under: lying cause lost. DUE TO C)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While of work at wore work at
	21. 1 certify that (I) (this hospital) attended the deceased from. 19 48. ta 8-30, 19 6, that (I) (we) lass the deceased alive an 5 9 6 and that death occurred at 19 M, from the causes and an the date stated above 220. SIGNATURE
	22c. PHYSICIAN'S ATTENDING MED. STAFF DIRECTOR
00	NAME (Type)
230	o. Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Surgar Signature 23c. NAME OF CEMETERY OR CREMATORY Colman Manor Md. Superson Signature 23d. LOCATION (City, town or county) Colman Manor Md. 25d. RECID BY REGISTRAR'S SIGNATURE
	7 Pasche Son Agallen le 19 DATE AUG 25'60 Culm I Trusts

TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be the by the haspital ar attending physician.

TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with

VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/S9

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	0.000					,		U
7	Prince George	MARYLAND	2. USUAL RESIDENCE (Who, STATE Maryland		ed. If instituti b. COUNTY CE GEOT		before admi:	ssion)
r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			~	e nearest tow	vn)
-	Cheverly d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS					SIDENCE A FARM?
	Prince George General	Hospital	Bowie Race	Track	Road		YES] NO []
3.	NAME OF First DECEASED (Type or print) Baby Boy	Middle	Woodson	4. DATE OF DEATH	Aug .		Day 9	Yeor 19 60
S		RIED NEVER MARRIED	B. DATE OF BIRTH Aug. 19, 1		AGE (In years lost birthdoy) yrs.	Months D	YEAR IF UND	DER 24 HRS.
10	Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					12. CITIZE	N OF WHAT	COUNTRY?
1	3. FATHER'S NAME		Matyland	IAAAE	PLANT.		U.S.A	
1	William Woodson		Mary Ellen					
		SOCIAL SECURITY NO. 17. IP	Mother		Add	ress		
F	18. CAUSE OF DEATH [Enter only one couse per li	ine for (a) (b) and (c) 1	Mordet.		Same	1	INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Atelectasis Prematurity					ONSET AN	D DEATH
CATION	Iying couse lost.) (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	/EN IN PART 1	PERF	AUTOPSY ORMED?
CEDTICI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II	of item 18.}			2
ANEDICAL	G 20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		town)	(Co	anty)	(Stote)
	21. I certify that (I) (this haspital) attends aw the deceased alive an Aug 1920. SIGNATURE 22c. PHYSICIAN'S Dr. John Per	9-19-60 and that of	death accurred at 123	25 A all the			date state	
2	Go. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	N (City, town,	or county)	(Sto	ote)
2.	Cretiation 804-60	Prince George ADDRESS Harry W. Peni	2So. REC'	Chever D BY REGISTRAF	-	MARYI STRAR'S SIGN		
	Me my Com	Administrato	DATE S	P 7 '60		other 8 1	Kraue.	
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s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	OF STATISTICAL RESEARCH AND RECORDS - DAL	49
5	69	CERTIFICATE OF DEATI	۲

	9569	CERTIFICA	TIFICATE OF DEATH			09541	
	1. PLACE OF DEATH a. CONTINCE Georges	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryle	ere deceased lived. If insti and b. COUN	catego at	George:	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Chillum	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Chillum					
	d. NAME OF HOSPITAL (If not in hospital, give street or institution 5810 Riggs Rd.	d. STREET ADDRESS 5810 Rigg	1	e. IS RESIDENCE ON A FARM? YES NO A			
	3. NAME OF First DECEASED (Type or print) Lillie	Middle an F. Young	Last	4. DATE OF DEATH	Manth De	7 1960	
	S. SEX Jensle 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 4/7/85	9. AGE (In yellast birthda 75		Haurs Min.	
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) U.S. Government Treasury Section Washington, D.C. 12. CITIZEN OF WHAT COUNT U.S.A.						
	J. Spencer Frazier	Minnie Morgan					
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	no 17. J	FORMANT I. Pudi	ney 5810 1	Address Riggs Rd.	•	
	18. CAUSE OF DEATH [Enter only one cause per lipe part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ge for (a), (b), and (c).]	steer Lear	N disease	INT	ERVAL BETWEEN SET AND DEATH	
	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)						
1	OF CALCINOTE SIGNIFICANT CONDITIONS	1 / 10/	NOT RELATED TO THE TERMIN	1		19. WAS AUTOPSY PERFORMED? YES NO	

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) a. m. While Nat while at wark at wark p. m.

21. I certify that (I) (this haspital) attended the deceased fram. 19.0.a, that (1) (we) last 60, and that death accurred at 1/4M, from the causes and an the date stated above. saw the deceased alive an 226 DATE SIGNED 22a. SIGNATURE

M.D. 22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

23a. BURIAL, CREMATION, 23b. DATE THEREOF BREMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery 23d. LOCATION (City, tawn, or county)

(State)

24. FUNERAL DIRECTOR'S SIGNATURE S.H. Hines

Adortsh St. N.W. 2901 Washington

2Sa. REC'D BY REGISTRAR 19'60 DATE AUG

Washington D.C. arthur S. Kraus.

TO HOSPI VR A1S (4) 1SM 9/59

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